Executive Update

As the new academic year begins in the northern hemisphere, iHEA is entering a busy period. Some of the highlights of upcoming activities and key deadlines include:

- **Board elections:** there are three vacancies for Elected Directors; nominations are now open, and close on September 28th; campaigning and voting will take place in October and November
- **2019 Congress in Basel:**
  - Abstract submissions open on September 10th and close on December 10th
  - Pre-congress session proposals are being accepted until December 14th
  - Expressions of interest in serving on the Scientific Committee Review Panel close on October 1st
- **Webinar series:** iHEA will begin hosting occasional webinars as from September, some of which will be targeted specifically at early career researchers. For those unable to participate in a live webinar, a recording will be posted on the iHEA website shortly after each webinar. The first two webinars will be held on September 21st and September 28th.

Several other initiatives will be launched in the next few months… watch this space.

- Diane McIntyre, iHEA Executive Director
Presidents Corner

The Ultimate Resource

There has been a confluence of thinking between iHEA’s Professional Development Subcommittee and our Early Career Researcher Special Interest Group. Both concur that our members are what Julian Simon called “the ultimate resource”—a population graced by human capital. Both have proposed opportunities to enhance the value of this resource by the power of association. Presently efforts are afoot to build more linkages across iHEA to benefit everyone. A planning committee is drawing on the world’s best practices in developing a virtual mentoring platform that will pair established health economists with early career researchers. Seasoned mentors know that the act of mentoring sharpens thinking and tunes up the instrument to be relevant to the changing environment of economic problems and scholarship. Mentees acclaim the value of guidance across a bewildering landscape of grant-writing, peer review and data systems. I am thrilled to say that this initiative is being led by our members with able support from iHEA’s secretariat. This is exactly what our association ought to be doing in addition to organizing our regularly spectacular global congress.

- David Bishai, iHEA President

iHEA Governance News

Call for Nominations for Directors

iHEA will hold elections in October-November for members of the Board of Directors. For the coming four-year term for Board Directors, beginning January 1st 2019, there are three vacant board positions for Directors to be elected by the membership.

More details on the Board composition and changes in the last year to improve iHEA governance can be found here and the iHEA Bylaws can be seen here.

Interested members of iHEA who are willing to contribute to the running and further development of the association are encouraged to express their interest by sending their CV and a letter of motivation, which should include information on how the nominee meets the iHEA Bylaws’ criteria indicated below. iHEA particularly encourages expressions of interest from women to promote gender diversity on the Board. A Nominating Committee will oversee that candidates fulfill the following criteria specified in iHEA’s Bylaws:

- **Candidates for Director** should be:
  - an economist working on health and health care, and
  - an iHEA member for at least the previous 2 years.
Please send expression of interest to ihea@healtheconomics.org before September 28. If you would like any further information, please contact the iHEA Executive Director at diane.mcintyre@healtheconomics.org.

In the first half of October, the Nominating Committee will review all expressions of interest and their recommendations will be considered by the iHEA Board. All those who have expressed their interest will receive feedback from the Nominating Committee. Candidates for election will be provided with an opportunity to prepare an election statement and related material that will be uploaded onto the iHEA website. Opportunities for members to engage with the candidates will be provided in the first half of November and voting will take place between 19-28 November.

iHEA Congress News

Call for Abstracts: 2019 iHEA World Congress on Health Economics, 13-17 July 2019, Basel

iHEA is pleased to invite you to join us in Basel, Switzerland for the 13th World Congress on Health Economics. iHEA Congresses are well established as the forum to engage around new methodological developments in health economics, the latest research findings and the implications of this research for health policy and practice. Our congress theme, New Heights in Health Economics, reflects this desire to provide a high quality and innovative program and to facilitate interaction with colleagues from around the globe.

Abstract submissions will open on September 10th, 2018 and will close on December 10th, 2018. We would like to encourage health economists to make submissions in the form of an individual abstract or an organized session.

Abstracts should be a maximum of 500 words and should focus on research that has not been published or accepted for publication at the time of abstract submission. Organized sessions can either take the form of: (i) an integrated set of 3-4 presentations, may include formal discussants, and should allow time for open discussion with session participants; or (ii) a panel discussion or debate that actively encourages participation. Proposals for organized sessions should include a 750 word description of the session, including how participant discussion will be promoted, as well as a 500 word abstract for each paper that will be presented or a 150 word biography for panelists. Parallel sessions will be 90 minutes, with a maximum of four ‘long oral’ presentations per session to ensure adequate time for discussion.

To foster diversity and promote submission of high quality abstracts, each person will be restricted to submitting only two abstracts where they are the presenter. This could include:
- two individual abstracts,
- one individual abstract and one as part of an organized session, or
- Presentations, or participating as a panelist, as part of two organized sessions.

Abstract submitters will be asked to identify the most relevant health economics field to which their research relates. This allows us to ensure that every submission is reviewed by
appropriate experts in that field. Those submitting individual abstracts may also consider submitting their abstract to be considered for inclusion in a ‘Special Invited Session’ (SIS). Several research topics that are seen as particularly important and topical have been identified for these SISs.

Submissions will be reviewed by the Scientific Committee and the outcomes of the review process will be announced in **March, 2019**. Based on review scores, individual abstract submitters will be offered a ‘long oral’ presentation (maximum of four presentations per session), a ‘short oral’ presentation (maximum of eight presentations per session) or a poster.

Information on the health economics fields, SIS topics and all other aspects of abstract submission is available [here](#); you are encouraged to review this information before you submit your abstract.

For any enquiries about the submission process please contact [events@healtheconomics.org](mailto:events@healtheconomics.org).

We look forward to seeing you in Basel.

**iHEA Webinars**

**Bridging the gap between research and policy for early career researchers in health economics**

The Early Career Researchers Special Interest Group (ECR-SIG) will host a webinar on **Friday, the 21st of September** from 8AM EDT/1PM BST to 9AM EDT/2PM BST.

In this first ECR-SIG webinar, Professor Di McIntyre will give a talk on some factors that influence the research to policy process, illustrated with a few examples of where research findings have impacted on policy. Practical tips on communicating research to policy makers in a way that enhances the possibility of research findings influencing policy will also be provided. ECRs that are members of iHEA are encouraged to sign up for the webinar. Registration information will be sent shortly!

Participating in this webinar is a unique opportunity to attend an online meeting with ECRs in health economics from around the world and take part in a discussion led by a senior expert in this field on a topic that is likely to be high on ECRs’ agenda.

The webinar will start with a presentation of 20-30 minutes, followed by questions and discussions for the remainder of the 60 minute session. Questions can be sent in advance via email to [ihea@healtheconomics.org](mailto:ihea@healtheconomics.org).

**Brief bio**

Di McIntyre was the founding Director of the Health Economics Unit, University of Cape Town, where she remains an Emeritus Professor. She is passionate about health economics capacity development, and helped establish the first health economics Master’s program in Africa. Her research has focused on equity, health service access, health care financing, strategic
purchasing, and universal coverage. She has served on various government policy bodies and provided policy inputs within South Africa, other African countries and in international forums. She has served as the Executive Director of iHEA since January 2016.

Regional News

EuHEA Conference 2018
Michelle Queally

The Netherlands. Home to cheese, tulips, windmills, world-famous museums, architectural gems and a more liberal way of life. Not a bad spot to travel to attend the 2018 European Conference on Health Economics (EuHEA). A trip that I am very grateful to my recent CHERIsH team and current CÚRAM team for supporting. The theme of the four day EuHEA conference was: Shaping the future: The role of Health Economics. If this conference, with its 785 participants from 60 countries, 536 + 6 keynote presentations, 155 posters was anything to go by, it’s safe to say that the EuHEA 2020 has big boots to fill. My personal top three take home messages:

1. Apply rigorous qualitative methods in our health economic research
2. Make economic evaluations broad again: go beyond healthcare costs and productivity costs by including future and intersectoral costs
3. Move beyond the strict definition of quality of life (QoL) and think more about functioning and capability measures, across the life course

First up was the pre-conference workshop on Social Network analysis (SNA). Very briefly (and unquestionably over-simplifying this methodology), SNA which was triggered by this NEJM paper https://www.nejm.org/doi/full/10.1056/NEJMsa066082 is about mapping and measuring relationships and flows between networks (groups, organizations, computers, URLs etc.) so as to for example, gain an understanding of peer effects and the spread of behaviours in a variety of contexts. A mathematical analysis of human relationships if you like.

Next day, after negotiating my way through the cyclists I set off walking for day one of the conference, crossing the Sint Servaas Brug, (apparently the oldest bridge of the Netherlands) towards Maastricht University for my daily hours walk to the conference venue. You can definitely sense the respect drivers of motor vehicles give cyclists, which I imagine contributes nicely towards the safety enjoyed by Dutch cyclists – something we could do with learning more about here in Ireland!
Presentation sessions

With an average of 60 parallel presentations every 1.5 hours, I had to release my inner FOMO (Fear of Missing Out) and further refine the sessions that I wished to attend. I am currently using a Discrete Choice Experiment in the area of clinical trials in my role with CÚRAM. I am also leading the Economic Evaluation of our childhood obesity project, CHErIsH, thus my session attendance, and in turn report is ‘biased’ towards these topics.

Discrete Choice Experiments (DCEs)

In total, 17 DCE related presentations were delivered at EuHEA. In a packed room, the bibliography section of my PhD came to life as some of the gurus of DCEs shared their intriguing ideas about DCEs and future research therein.

A personal highlight was a study which described the findings of a dental care randomised control trial along with an adjoining DCE that examined patient preferences for dental care. The outcomes of the trial were defined prior to the DCE being undertaken. An interesting consequence was that
the attributes of dental care identified most important by patients themselves, in the DCE (pain, tooth loss and bad breath) were not included as outcomes in the trial. There was some discussion around whether or not trials should be designed to examine outcomes that people don’t care about.

In another session some fascinating research that used eye tracking technology to examine the time that respondents spent on choice sets whilst completing the DCE was presented. This study presented the Attributes Based Evidence Accumulation Linear (ABEL) model (adapted from the Linear Ballistic Accumulator Model of decision making and reaction time). In this context, I asked if there was a recommended/standardised time that respondents ought to spend on a choice set (bearing in mind all the factors at play – number of attributes, complexity, personal traits etc.); or if she was aware of research being carried out in this area. The answer was no. This is something we have discussed at HEPAC in the context of people ‘flying through’ a DCE and whether or not to consider such responses valid. My question ensued a discussion to the tune of choice sets and respondent traits differing and thus not permitting standardised completion times. Also the fact that respondents can often explain their answers – validating the argument to keep these answers. Also discussed was that DCEs can get a lot of criticism for being non-realistic. An interesting (and simple) point: we don’t always do what we say we are going to do in real life either...

Finally, future research areas: 1) How sensitive are DCEs to different methods of attribute development? 2) Do people do as they say they do? 3) How do people interact with the choice tasks- key issues to understand what happens during the few seconds before people make their choices?

**Economic Evaluation**

**Perspective**

One of the key points raised in these sessions (and indeed in the plenary sessions) refers to the need to broaden economic evaluations - taking a societal perspective by focusing on welfare and going beyond healthcare costs and productivity costs by including future and intersectoral costs. A personal highlight was “The Intersectoral costs and benefits in Europe: European research project PECUNIA (“ProgrammE in Costing, resource use measurement and outcome valuation for Use in multi-sectoral National and International health economic evaluAtions”). I was glad to have struggled past the tiredness from the previous night’s social event to make it in for this morning presentation! An interesting slide from the presentation (below) depicts the importance of costing perspective in economic evaluations. Briefly, the PECUNIA project is aimed at developing new standardised, harmonised and validated methods and tools for the assessment of costs and outcomes in European healthcare systems. I would definitely recommend reading up on their project: https://www.pecunia-project.eu/about.
Slides from PECUNIA Presentation

Quality of Life (QoL) Measurement
I cannot reflect on the numerous presentations describing QoL measurement instruments without thinking about the Trojan work presented by the Irish researchers from their EQ-5D-5L value set in Ireland project. These researchers are working in collaboration with the EuroQol Group and the Office of Health Economics in the UK to develop a much needed EQ5D-5L Value Set for Ireland. The team presented some of their findings from their project where they completed a national door to door survey of over 1000 residents to develop the EQ5D-5L Value Set for Ireland. Their paper is hot off the press: https://link.springer.com/article/10.1007/s40273-018-0690-x
The NUI Galway and Queen’s Belfast researchers are not the only busy bees in the QoL measurement instrument development. Across the Irish Sea, the University of Bristol team have been going beyond the EQ-5D framework. The team have acknowledged EQ-5D as not being very responsive to different aspects of quality of life and have, in turn, developed the ICE-CAP suite of measures to capture functioning and capability. A number of points raised by the team:

1) the limited availability of instruments to measure quality of life in economic evaluations, for example in youth
2) the need to move beyond the strict definition of quality of life to ask about capability well-being
3) the need to validate the ICE-CAP instrument in different country populations and subgroups
4) the need to generate an integrated framework to solve the ICE-CAP life-course challenge (it is not an appropriate measure across the life-course).

Indeed there was a thought-provoking discussion regarding what point we shift from one measure to another to solve this life-course challenge. Can age or autonomy be the basis from one change to another?
To wrap up…

The socializing opportunities afforded by EuHEAs fine scheduling allowed people to form connections with other professionals in health economics. The multi-talented PhD candidates who presented earlier in the day provided some excellent entertainment throughout the evening with their band Dubbel-Fout blasting out all the classic hits.
EuHEA was a real testament to the breadth of topics covered by health economists, and the hard work in pushing this important science onward and in “Shaping the future”. It was an extremely organised conference, fully equipped with locker spaces to charge phones along with hand held phone chargers provided at the desk. I’m now very much looking forward to seeing so many interesting papers published, many of which I will certainly use and reflect upon with my own research.

**Dr. Michelle Queally** is a Postdoctoral Health Economics Researcher at the Health Economics and Policy Analysis Centre at NUI Galway, Ireland. Michelle previously worked on a childhood obesity intervention development and evaluation project, (Choosing Healthy Eating for Infant Health (CHErIsH)) and continues to work on the economic evaluation and Public Patient Involvement components of this project. More recently Michelle has started working with CURAM in which she is applying health economic methodologies for the analysis of medical device technologies.

### SIG News

#### Economics of Obesity at the EuHEA 2018 Conference

The EuHEA congress provided several opportunities for researchers working on the economics of obesity to discuss their research outside of the formal conference sessions.

One of these opportunities was a breakfast meeting of the Obesity Modelling Expert Panel. The meeting was led by PhD Candidate **Bjoern Schwander**, supported by **Prof. Silvia Evers**, **Dr. Mickaël Hligsmann** and **Dr. Mark Nuijten**, and we discussed key structural approaches applied in Health Economic Obesity Models. At the meeting Bjoern presented findings from the telephone interviews conducted with each member of the expert panel (the 1-1 interviews were undertaken to discuss and rate approaches applied in published health economic obesity models). Some very interesting discussions were had. I wish Bjoern all the best and look forward to working further on this interesting project.
Further insightful conversations were had at our first, good old-fashioned, face-to-face meeting of members of our Economics of Obesity Special Interest Group (SIG) who attended the EuHEA conference. It was fantastic to get the opportunity to put faces to some of the members of our group and to discuss the group's proceedings and deliverables. Dr Emma Frew who is doing amazing work on leading this group and continues to inspire our group to accomplish great things within this SIG.

Why not join the SIG and participate in the next face-to-face meeting of SIG members at the 2019 iHEA Congress in Basel.

Dr. Michelle Queally is a Postdoctoral Health Economics Researcher at the Health Economics and Policy Analysis Centre at NUI Galway, Ireland. Michelle previously worked on a childhood obesity intervention development and evaluation project, (Choosing Healthy Eating for Infant Health CHErIsH) and continues to work on the economic evaluation and Public Patient Involvement components of this project. More recently Michelle has recently started working
with CURAM in which she is applying health economic methodologies for the analysis of medical device technologies.

SocialLink

Updating your SocialLink Communication Preferences

We hope that everyone has had a chance to engage with our member networking platform, SocialLink! For those who haven't, you can read more about it online here.

As we get closer to the 2019 Congress, we want to encourage members to use SocialLink to connect with other members around Congress activities and organizing sessions. In order to ensure that you are making the most out of SocialLink, below are online links to various features of SocialLink!

- To learn more about the "groups" section and functionality of SocialLink, click here!
- To learn more about updating your member profile and adjusting your communication/notification settings, click here!
- To learn more about the functionality of the mobile app version of SocialLink, click here!

We will continue to add more pages around SocialLink functionality, but if you have any questions about using SocialLink please reach out to us at ihea@healtheconomics.org!

Career Center

The iHEA Career Center allows you to post your job openings and fellowships, find potential candidates and search new positions. It is open to members and non-members alike. You are able to search by Keyword, Country, Organization, Job category and more. We encourage everyone to click here to view this wonderful resource. We do hope that you utilize this tool and should you have any questions, please reach out to jobs@healtheconomics.org.

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