



iHEA News July 2018

iHEA News is the official newsletter of the International Health Economics Association.

Presidents Corner



In this issue of the Newsletter, Florence LeCraw has contributed a brief case study in how to successfully connect research to policy change. Seeing better ways to get research used is only part of the battle. This summer in keynote speeches at both ASHEcon and EUHEA health economists received persuasive calls for our profession to step up and get involved in policy work. At ASHEcon in Atlanta, Jonathan Gruber illustrated a number of examples where facts mattered and changed policy in Washington DC. At EuHEA this July, Wim Groot similarly talked about important connections by European governments who design their health systems using the very latest health economics research. Both noted ample barriers to evidence-based policy on the demand side, and barriers on the supply side. Both noted that the incentive structures in the academy seldom reward working on policies. So, our profession needs

some soul-searching.

The criteria for academic promotion that we live under are also the criteria that we shape. One small step we can take is to systematically put our policy work on our CVs so it can be evaluated by peers. I developed [this template that I am sharing](#) to inspire your own creativity in how to add a “Policy Practice” section to your CV. Feel free to use it without attribution and to share it. However, it is time members of our profession spoke up about honoring policy work as part of scholarship. I will be looking for ways for iHEA to work with associations like EuHEA, ASHEcon and others to continue to collect our wisdom on how to make our research matter for policy and help our policy work become counted as part of scholarship. If you have views on this or want to volunteer to help please let me know on [social link](#) or at dbishai@ihu.edu.

- *David Bishai, iHEA President*

A Case Study in How Health Economics Can Affect Policy

In the June 2018 newsletter's President's Corner, David Bishai called on iHEA members to share success stories where health economics research has guided policies. The following example of research to policy in action comes from **Florence LeCraw, Thomas Mroz and Dan Montanera of Georgia State University**.

A study on a malpractice reform at Erlanger Hospital in Tennessee, known as the Communication-and-Resolution Program (CRP), was published in the Journal of Patient Safety and Risk Management.¹ This study became the impetus for the American Medical Association (AMA) to change their policy and pass a resolution to endorse CRP at their House of Delegate meeting in November, 2017. Economist Thomas Mroz led the study. One key to the success of this change in policy was the interdisciplinary nature of the research team: two economists, a physician, a lawyer, a hospital administrator, and a risk management nurse. Their contacts with leaders in their respective fields aided in the passage of the resolution. A Georgia physician, who is on the Georgia Board of Medical Examiners and an AMA delegate, was given the paper by the physician working on this study. He asked the team's help to pass a resolution by the AMA to endorse CRP. Since the composite group of studies gave evidence that CRP benefited physicians, patients, their families, future patients, hospitals, and the U.S. public, they were happy to help. The research team gave the Georgia AMA delegate a concise summary of multiple studies investigating the effects of CRP. The research team also enlisted other malpractice reform leaders and researchers from across the U.S. to assist in this endeavor. These national leaders were able to recruit AMA delegates from their respective areas to help with the passage of this resolution. This coalition of AMA delegates gave the summary outline to other AMA delegates and the Reference Committee. The Reference Committee recommends to the House of Delegates (HOD) whether a resolution should be passed or rejected by the HOD. This coalition also spoke with their AMA colleagues prior to the AMA meeting and during the meeting explaining what CRP is and its benefits. The group effort by researchers and practicing physician leaders across the country is the reason for the successful passage of the AMA resolution to support CRP. The AMA released the statement below about passing this resolution.²

"The AMA expressed its support for communication and resolution programs as an option to settle disputes before litigation. Many studies show these types of programs are effective way to learn from medical errors and near misses, enhance patient safety and improve the liability system."

Lessons From this Case:

1. Interdisciplinary team –had networks reaching to policymakers
 2. Coalition building between professional society and researchers
 3. Interested stakeholders emerged who were willing to engage in laborious vote-rustling
1. LeCraw FR, Montanera D, Jackson JP, Keys JC, Hetzler DC, Mroz TA. Changes in liability claims, costs, and resolution times following the introduction of a communication-and-resolution program in Tennessee. J Patient Safety and Risk Management, 2018; 23(1): 13-18.
 2. <https://www.ama-assn.org/ama-adopts-additional-policies-2017-interim-meeting>

If you would like to share a research to policy success story, send a 400-500 word summary to David Bishai on [iHEA's social link](#).

SIG News

Join a Special Interest Group!

There are now [seven \(7\) functioning Special Interest Groups](#): Early Career Researchers, Economics of Obesity, Economics of Palliative & End-of-Life Care, Financing for Universal Health Coverage, Health Preference Research, Teaching Health Economics and Immunization Economics. We encourage members to join a Special Interest Group - you can learn more about each SIG by visiting our [website](#). You can click through each of the SIG webpages to learn more about their objectives and how to join!

Early Career Researchers SIG



Early Career Researcher Interview Series: Interview 1 with Marika Cabral

The Early Career Researcher Interview Series is a new initiative led by the iHEA [Early Career Researcher Special Interest Group \(ECR-SIG\)](#). The aim of this interview series is to showcase the diversity of people in the ECR subgroup in iHEA. By interviewing a variety of ECRs, we hope to describe the many interesting and emerging career paths available to ECRs in health

economics, highlight the choices that individuals have made to help them to reach this point in their career, and reveal how ECRs are navigating the various challenges that they face.

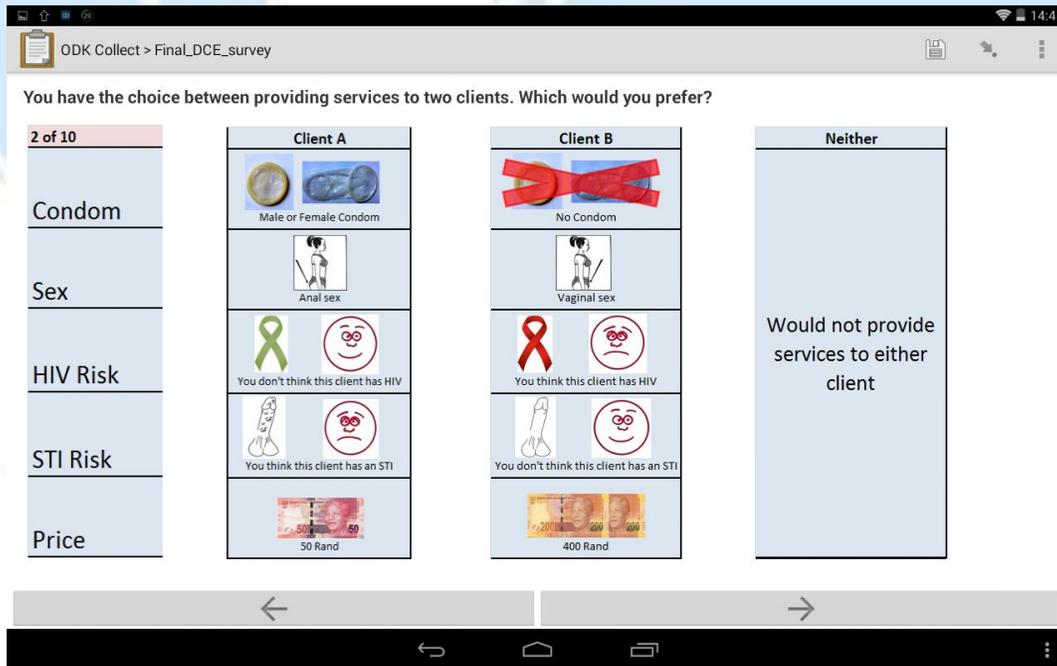
The first interview of this series is with [Marika Cabral](#). Marika is an Assistant Professor in the Department of Economics at the University of Texas in Austin and was awarded the [26th Arrow Award](#) in May 2018 for her paper "Claim Timing and Ex Post Adverse Selection". In July 2018, Angela Esi Micah and James Buchanan, two of the conveners of the ECR-SIG, spoke to Marika to discuss her career to date, the research that underpins her award winning paper, and the challenges that she has faced as an ECR.

To read the full interview on the ECR SIG webpage, [click here](#).

Health Preference Research SIG

The aim of the newly formed [Health Preference Research SIG](#) is to provide an exciting and interactive forum for health preference researchers and students, including those who are new to the area, to discuss all topic related issues. For example, from methodological matters regarding the experimental design and analysis of preference evidence to the application of preference evidence (e.g., valuation of health outcomes, design of interventions for targeted

uptake, parametrising uptake in economic evaluations) for regulatory, clinical and individual decision-making.



The SIG also aims to work closely with the International Academy of Health Preference Research (IAHPR), an established specialist group of HPR researchers. Follow this link for information on IAHPRs upcoming meetings (<http://iahpr.org/meetings/>).

The SIG's specific objectives are available [here](#) but one of the initial objectives is to produce a series of 'state of the art' webinars, which can be used as a resource when designing preference studies. The SIG is currently in the process of putting these together with the aim of having a live stream in October of this year. [Join now](#) to ensure you receive notifications regarding this series, and other SIG related information, including plans for the next iHEA conference.

Here are the products and this is what they do. Please select the product you would most prefer.

	A	B	C	Condom
Product	Injection	Oral PrEP	Diaphragm and Microbicide Gel	Condom
HIV Protection	95% risk reduction 19 of 20 people remain HIV negative	75% risk reduction 15 of 20 people remain HIV negative	95% risk reduction 19 of 20 people remain HIV negative	95% risk reduction 19 of 20 people remain HIV negative
Pregnancy Protection	Prevents pregnancy	Prevents pregnancy	Does not prevent pregnancy	Prevents pregnancy
Frequency	2 times per year	52 times per year (weekly)	Every sex	Every sex
STI protection	STI Protection Prevents STIs	STI Protection Does not prevent STIs	STI Protection Does not prevent STIs	STI Protection Prevents STIs
Side Effects	Dizziness	No Side Effects	Nausea/feeling sick	No Side Effects

Do you have work in progress and are looking for feedback? You can post issues for collegial discussion, or volunteer to give a work in progress seminar!

- *Fern (Terris-Prestholt), Matt (Quaife) and Alec (Miners)*

Immunization Economics SIG

[The Immunization Economics SIG](#) provides a forum for an exchange of relevant research methods and practices, as well as disseminate results to a broader audience. In addition, the SIG will cultivate new researcher interest in the area of vaccine economics, and leverage lessons learned from other priority health issues.

Objectives:

1. **CONNECT** international researchers in economics and related disciplines from low- and high-income countries to work on immunization research.
2. **INFORM** members with the latest developments in research on immunization value, costing, financing, and efficiency, while providing a forum on the application of methods and the topic of immunization economics.
3. **COLLABORATION** support and encouragement to generate rigorous new evidence in immunization economics, and on projects to identify best practices in associated research methodologies and policy implementation.

Conveners:

- Christian Suharlim, MD, MPH
- Stephen Resch, MPH, PhD
- Logan Brenzel, PhD

SIG activities may include the development of pre-congress, organized sessions, poster presentations, and social events centered on the iHEA congress; identification and financially supporting promising young researchers through grants and competitions; as well as the development of an Immunization Economics Webinar series (with certification of completion). If you are interested in learning more about the SIG activities and/or have a suggestion for potential activities, please complete the form here: immunizationeconomics.org/sig.

Regional News

Asia

Going up in Smoke? E-cigarettes and Tobacco Control in Asia

The burden of smoking remains a looming spectre for the Asia Pacific region, in countries both large and small. In 2015, the small Pacific nation of Kiribati had the highest male smoking prevalence globally (47.8%), with Indonesia a close second at 46.7%. 51.4% of male smokers worldwide lived in the three largest countries of Asia: China, India, and Indonesia, accounting



for an estimated 2.23 million smoking attributable male deaths within that year alone (Reitsma et al, 2017). Even in relatively low burden countries such as Singapore, smoking generates significant human capital and productivity losses that eclipse the burden of medical spending (Cher et al, 2018), leading to continued calls to strengthen tobacco control beyond existing measures.

Electronic cigarettes (e-cigarettes) are a form of Heat Not Burn (HNB) products, in which a liquid containing nicotine is vaporised by a battery-powered heating device. While “vaping” is not harmless and exposes the consumer to nicotine and aerosolized inhalants, current evidence suggests the adverse health effects are a fraction of those from inhaling the toxins and carcinogens from traditional cigarettes, leading proponents such as Public Health England to support the use of e-cigarettes as part of a harm reduction strategy for current smokers (McNeil et al 2018).

Yet, the policy position on e-cigarettes in the Asia Pacific is as cloudy as ever. Singapore, Cambodia, Laos, Vietnam and Brunei have all banned e-cigarettes, albeit with varying degrees of enforcement. Indonesia meanwhile has recently announced new restrictions on imports and sales including an excise tax of 57 per cent on tobacco essences used for electronic cigarettes, and Malaysia’s new health ministry officials announced that they are moving in the direction of a ban. On the other hand, Thailand has in place a ban on import and possession, but is debating legalization; while New Zealand has effectively legalized e-cigarettes.

The long-term health consequences of e-cigarette use are as yet unknown, but that argument may equally be made for other technologies. Setting aside the (important) question of tobacco production, for economists and for policymakers, the key unresolved and immediate empirical question is whether at the population-level, e-cigarettes are a substitute or a complement to traditional smoking. If the former, e-cigarettes represent an important advance in the search for interventions that realistically sustain smoking cessation. The concern is that, if the latter, they may at best perpetuate concurrent use and at worse, promote smoking initiation, counteracting the hard-won progress of past years especially among the young. Studies to date provide limited rigorous causal evidence and where they exist, the results may be highly context-specific (for instance, Dave et al (2018) show that in the United States, e-cigarette TV advertising can be convincingly linked to smoking cessation, but not magazine advertising). Compelling causal evidence on “gateway effects” is equally scarce. Few if any of these published studies are focused on Asia, which itself is a highly diverse region.

At the same time, strong consumer advocacy is emerging in many Asian markets. Demand for e-cigarettes among current smokers is high, suggesting that outright bans not only fail to take their welfare into account but may have unintended consequences, including the unregulated use of potentially dangerous low-quality or contaminated products.

Acknowledging these uncertainties, research has an integral role to play in moving optimal population-based policymaking forward in Asia as the real-world data evolve. In Japan, like the United Kingdom, emerging trends show that smoking rates have continue to fall since e-cigarettes became available, suggesting that reversal of the decline in smoking may not have occurred but leaving open many more questions for in-depth analysis. Economists have much to contribute to the public health debate and potentially furthering our understanding of a ‘harm-reduction continuum” (Fairchild et al, 2018) which encompasses access restrictions, taxation and public awareness as alternatives.

References

Reitsma MB, Fullman N, Ng M, Salama JS, Abajobir A, Abate KH, Abbafati C, Abera SF, Abraham B, Abyu GY, Adebisi AO, et al. (2017) Smoking prevalence and attributable disease burden in 195 countries and territories, 1990-2015: a systematic analysis from the Global Burden of Disease Study 2015, *The Lancet*, 389(10082): 1885-1906.

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McNeill A, Brose LS, Calder R, Bauld L & Robson D (2018). Evidence review of e-cigarettes and heated tobacco products 2018. A report commissioned by Public Health England. London: Public Health England.

Dave, D, D Dench, M Grossman, D S Kenkel, and H Saffer (2018), "Does E-Cigarette Advertising Encourage Adult Smokers to Quit?", NBER Working Paper 24277.

Fairchild AL, Lee JS, Bayer R, Curran J (2018) E-Cigarettes and the Harm-Reduction Continuum. *N Engl J Med*. 18;378(3):216-219.

Call for manuscripts on the Economics of Mental Health

Applied Health Economics and Health Policy invites the submission of manuscripts with a focus on the economics of mental health for a special issue of the journal to be published in 2019.

Estimates suggest that the annual cost of mental illness to developed countries is around 4% of GDP and results in around 12 million days of reduced productivity each year. To further our understanding of these issues, [Applied Health Economics and Health Policy](#) is calling for papers that explore the economic dimensions of mental health. Some key questions this work may consider include:

- Are resources allocated efficiently in mental health?
- What is the economic cost of mental illness?
- What would be the return on investment of a scaled-up response to the burden of mental ill health?

The Guest Editors for the special issue are Professor Chris Doran and Dr Irina Kinchin from Central Queensland University, Australia.

Please submit an abstract describing your proposed paper by 30 September 2018 to [the Editor, Tim Wrightson](#). Full papers will be invited by 31 October 2018 with manuscripts due in March 2019.

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@healthconomics.org.

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