



iHEA News April 2019

iHEA News is the official newsletter of the [International Health Economics Association](http://www.healtheconomists.org).

Executive Update

2019 iHEA Congress Program to be Released this Week!

All presenters will receive an email in the next few days providing details of the date, time and venue for their presentation. If you do not receive an email by the end of this week, please check your spam folder and/or check the online program [here](#).

Launching the iHEA Mentoring Program

As mentioned in our March newsletter, iHEA is working to launch our Mentoring Program, which will match mentors and mentees for a one-year period, with a commitment to four online meetings of 60-90 minutes over that year. The goal of the program is supporting health economists in their professional development and personal well-being, and is intended to meet the needs of both early career researchers (ECRs) and mid-career researchers as mentees.

Following the last newsletter, a notice went out to all those who had previously indicated interest in participating as a **MENTOR** in this initial round. There are many benefits to being a mentor, such as:

- Being able to share valuable knowledge with others, based on your experience
- Helping the next generation of health economists to use and further develop their skills, and motivate and support them to fulfill their potential
- Developing your communication, coaching and leadership skills
- Providing an opportunity to reflect on your own practice

The contribution of all mentors will also be publicly recognized at the biennial iHEA congress.

If you are still interested in participating as a **MENTOR**, please complete the online survey [here](#) by **this Friday, May 3rd**.

A notice was also sent out to **all iHEA members to apply to be a MENTEE** in the program. As a reminder, in order to apply to be a **MENTEE** on the program, **you must be an iHEA member and either an:**

1. **Early career researcher**: ECRs are PhD students or scientists who have received their highest degree (MSc, MA or PhD) within the past seven years; or a
2. **Mid-career researcher**: Scientists who have received their highest degree 7-15 years ago.

If you are interested in being a **MENTEE** in the program, please complete the online survey [here](#) by **this Friday, May 3rd**. Please only complete this intake survey if you fit within one of these two above categories - any non-members who complete the survey will be removed from consideration.

Participating in the mentoring program will undoubtedly be a very rewarding experience. We thank you in advance for participating. Please note that we will do our best to accommodate all Mentee's in this first round, however, this depends on Mentor interest. Mentee's will be accepted on a first come first serve basis with consideration of geographic balance and appropriate mentor availability.

Congress News

The full program for the 2019 iHEA Congress in Basel will be posted online this week. Some of the highlights of the program include:

Three plenary sessions:

- Opening Plenary (Sunday July 14th, 6pm): Raj Chetty, speaking on "Economic Opportunity and Health Inequality: New Insights from Big Data"
- Mid-Congress Plenary (Tuesday July 16th, 4:45pm): Janet Currie, speaking on "Child Health and Human Capital"
- Closing Plenary (Wednesday July 17th, 2:45pm): Lise Rochaix and Joseph Kutzin, speaking on "Making Health Economics Matter - Stories from the Frontlines"

Three Special Organized Sessions/mini-plenaries:

One Special Organized Session will be held on each day of the main congress in the 10:30am - 12:00pm time slot:

- Monday July 15th: "Pay for Performance: Drawing Lessons from Across High, Low and Middle Income Settings", featuring Fatimah Mustapha, Meredith Rosenthal and Peter Smith
- Tuesday July 16th: "Long-Term Care Financing and Markets", featuring Adelina Comas-Herrera, Naoki Ikegami and Marcello Morciano

- Wednesday 17th: "Health Equity: Economic Evaluations Shouldn't Just be About Efficiency", featuring Richard Cookson, Susan Griffin, Ole Frithjof Norheim and Ijeoma Edoa

Further details on plenaries and special organized sessions can be found [here](#).

Student Prize Papers:

The **iHEA Student Prize** was established to recognize excellence by students in the field of health economics. This prize is awarded annually to the Masters or Doctoral student paper judged as best in the award year. Come and hear the 2018 and 2019 Student Prize winners present their research on Monday July 15th, 1.30-3pm.

Pre-congress sessions:

The 2019 Congress will also see the largest pre-congress session program ever, with seven sessions running on Saturday July 13th and 13 sessions being on offer on Sunday July 14th. Full details of the pre-congress sessions can be found [here](#).

If you didn't register for pre-congress sessions while registering for the Congress, we will soon be opening a second round of registrations for sessions which still have available spaces.

Early-bird registration closed in early April, but you can still register online for the Congress at the regular rate!

REGISTER NOW

President's Corner

iHEA and Overton's Window

Sometimes the work we do in health economics leaves a lasting impact by redefining the possible. Ideas can move from being unthinkable and radical towards being acceptable then sensible then popular and then policy. This transition into political acceptability now bears the moniker "Overton's Window" after the late Joseph P. Overton, who introduced the idea to describe what think tanks can do. Overton's window can work in reverse and horrid policies can revert to unpopular, insensible, unacceptable and unthinkable again. As knowledge workers, health economists can be leaders in redefining what is possible.

What I love about iHEA is that we bring together health economists from countries with different Overton windows. Single payer health insurance had been unthinkable in the USA and it is policy in most other high income countries (American health economists are daring to think the unthinkable in 2019. Let's see.). Annual in home health visitation for everybody is policy in Cuba and Nepal, but unthinkable in most other countries. Nutrient taxes are moving into and out of Overton windows all around the world in contested political battles-many of which are badly uninformed by evidence.



iHEA offers members respite from parochialism through the cross-country redefinition of the possible. To get the most out of what iHEA offers all you need is curiosity to tune in to scholarship from around the planet. Combine the curiosity with the courage to dream that unthinkability is transient and that your voice can change it. Archimedes, the inventor of the lever, said, "Give me a place to stand and I will move the world." iHEA is our place to stand and our fulcrum for change.

- David Bishai, iHEA President

SIG News

Introducing the Health Workforce Special Interest Group

iHEA has recently launched a **Health Workforce SIG** that's goal is to bring together researchers interested in the Health Workforce to share their work, identify new areas for research, establish collaborations for grant applications and provide mentorship to students and ECRs in the field. Membership is open to all iHEA members who are working and/or studying in the field!

You can learn more about this SIG, its objectives and how to join online [here](#).

Join a Special Interest Group

There are now **nine (9) 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, Health Systems' Efficiency, Health Workforce, Teaching Health Economics and Immunization Economics. We encourage members to join a Special Interest Group. You can click through each of the SIG webpages to learn more about their objectives and how to join!

University Member News

University of Sydney

New project funded by the Australian National Health and Medical Research Council (NHMRC)

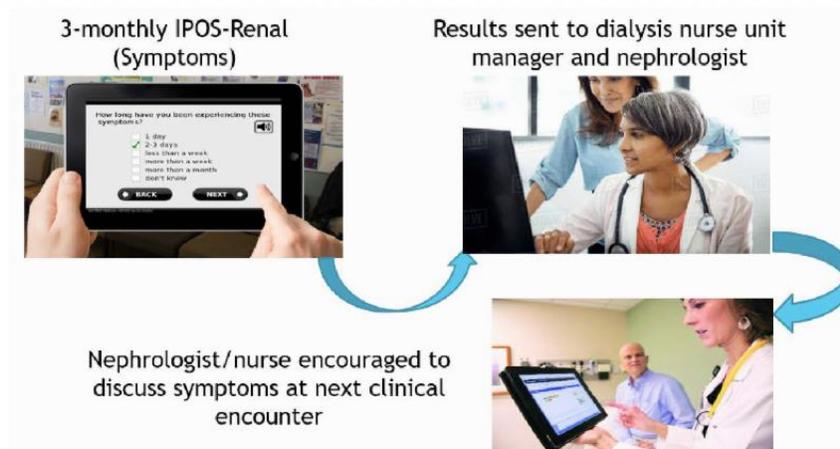
Does collection and use of electronic patient reported outcomes measures (e-PROMs) improve health and/or healthcare?

SWIFT - the Symptom monitoring With Feedback Trial: A novel registry-based cluster randomised controlled trial among Australian and New Zealand adults on kidney dialysis.

Patient reported outcomes measures (PROMs) are being incorporated into health systems at the national, state and local government level, often without good evidence of their effectiveness or cost-effectiveness. Previous systematic reviews report some benefits in processes of care such as patient-clinician communication and understanding of care, however limited, if any, effect on specific health outcomes such as symptoms or overall quality of life.

One of the most expensive healthcare treatments, dialysis for end-stage kidney disease affecting over two million people worldwide costs over \$1.1 billion per year (1) in Australia alone, yet results in poor survival, 45% at five years (2). This survival is lower than all cancers combined (3). Health-related quality of life (QoL) for people managed on dialysis is also low with patient reports at around 59% of full health (4). Both women and men on haemodialysis frequently experience symptoms of severe or overwhelming pain, fatigue, nausea, cramping, itching, trouble sleeping and depression which contributes to this low QoL (5). New trial results in oncology suggest symptom monitoring may have a direct benefit on QoL and more broadly, mortality (6).

Rachael Morton, Director of Health Economics at the NHMRC Clinical Trials Centre, University of Sydney is leading the investigative team to determine whether regular symptom monitoring with feedback to the kidney team can improve health-related QoL (measured by the EQ-5D-5L) and overall survival among adults with end-stage kidney disease managed with dialysis. The study also aims to determine the cost-effectiveness of registry-based electronic patient reported outcome measures (e-PROMs) data collection. Randomised trial sites in Australia and New Zealand are piloting the Australia and New Zealand Dialysis and Transplant Association (ANZDATA) tablet-based e-PROMs collection (see diagram below).



Tablet-based symptom monitoring and feedback to clinicians

SWIFT has had significant consumer engagement and has been designed in response to consumer priorities. Dialysis patients and their family members helped select the most meaningful and feasible QoL instruments. Additionally, a PROMs consumer panel has been formed to advise the trial management committee with respect to patient acceptability of e-PROMs data collection and feedback.

Key learnings from the ANZDATA registry about the operationalisation of large scale PROMs collection will help inform these processes in other registries and for other conditions. It is hoped that the results will help to establish realistic and acceptable standards for quality assessment across units. Study Chief Investigators predict that the findings from this study will help to improve QoL, reduced symptom burden (severity and number of symptoms) and lower rates of dialysis



withdrawal with potential to change practice in dialysis care. Of significance, SWIFT provides a template for ongoing binational monitoring of PROMs and infrastructure for economic evaluation.

If SWIFT is found to be both clinically effective and cost-effective, the incorporation of PROMs into routine care will represent a paradigm shift in Australian healthcare; shifting the focus away from treating biomarkers, heralding a global exemplar of better value patient-centred care in chronic disease management.

For more information contact the NHMRC Clinical Trials Centre, University of Sydney: healthconomics@ctc.usyd.edu.au.

1. Cass A, et al. *The Economic Impact of End-Stage Kidney Disease in Australia, Projections to 2020*. *Kidney Health Australia*. 2010;Melbourne, Australia:1-62.

2. ANZDATA Registry. *Chapter 3: Mortality in End Stage Kidney Disease. Australia and New Zealand Dialysis and Transplant Registry, Adelaide, Australia*. 2017;39th Report.

3. Australian Institute of Health and Welfare. *Cancer in Australia 2017. Cancer series no.101. Cat no CAN 100 Canberra: AIHW*. 2017:44.

4. Wyld M, Morton RL, et al. *A systematic review and meta-analysis of utility-based quality of life in chronic kidney disease treatments*. *PLoS Med*. 2012;9(9):e1001307.

5. Janssen DJ, et al. *Daily symptom burden in end-stage chronic organ failure: a systematic review*. *Palliative Med*. 2008;22(8):938-48.

6. Basch E, et al. *Symptom Monitoring With Patient-Reported Outcomes During Routine Cancer Treatment: A Randomized Controlled Trial*. *J Clinical Oncology*. 2016;34(6):557-65.

Become a University Member to Access Additional Member Benefits!

In the last year, iHEA made changes to its University Membership structure and benefits. In addition to various congress-related benefits, university members' training programs are featured on a **[dedicated page on the iHEA website](#)**, feature articles on university members will be published in the monthly newsletter and university members are entitled to advertise employment and postdoctoral fellowship opportunities on the iHEA job board and Twitter account at no cost.

To learn more about University Membership benefits, please **[click here](#)**.

Arrow Award

Arrow Award Honors Research on Medical Mistrust and Mortality



The **27th Arrow Award** for the best paper in health economics is awarded to **Marcella Alsan and Marianne Wanamaker** for their paper "Tuskegee and the Health of Black Men" *Quarterly Journal of Economics* 133(1): 407-455, 2018.

The Arrow Award Committee is proud to acknowledge the authors of this innovative and informative paper, which examines the extent to which the infamous Tuskegee Study of untreated syphilis in black males reduced trust in the medical system and ultimately impeded the progress in reducing mortality for this group. A triple differences framework is used to compare changes by race (first difference), sex (second difference) and periods before and after public disclosure of the Tuskegee study (third difference), interacted with geographic proximity to Macon County Georgia, where the Tuskegee study took place, in the main specifications, and to the share of migrants originating in Alabama in additional estimates. Numerous robustness and placebo checks are included and information on an important channel for the effects is obtained through direct examination of measures of trust in doctors. The results provide robust evidence that disclosure of the Tuskegee Study undermined trust in the medical system with the strongest effects for those black males for whom the study was most salient. This led to reductions in the use of medical care and increases in mortality for the most affected group. Specifically, the estimates imply that life expectancy for 45-year old black men fell by up to 1.5 years, an amount sufficient to explain approximately one-third of the racial gap in life expectancy in 1980. We congratulate the authors on the publication of this important paper.

- Christopher Ruhm (Chair) & Luigi Siciliani (Co-chair), iHEA Arrow Award Committee

iHEA Webinars

iHEA Special Interest Groups held a number of webinars in the first quarter of 2019, all of which are available for viewing online [here](#). Webinars are open to members and non-members alike and upcoming webinars will be announced shortly!

Do you have an idea for a future webinar or interest in organizing a webinar? Reach out to us at ihea@healthconomics.org.

Career Center

 Search Openings  Resumé/CV Search  Submit an Opening  Subscribe

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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