DHE 10th Anniversary Symposium

25th September 2023, 10.00 – 6.00 pm
Hotel Regina
Rooseveltplatz 15
1090 Vienna
The problem of knowledge

“... But even to ask what is the One (cause or principle) originating, galvanising or underlying the Many involves differentiating between what things really are in themselves and what they merely seem, involves distinguishing between appearance and reality. Appearance to whom? We are led back to ourselves, the appeared-to. However strong our desire for a dispassionate, self-divested view of the world, we cannot leave ourselves out of the picture.”

Jane O'Grady

Introduction

Symposium and the Death of Socrates by Plato
25th September 2023

9.30 – 10.00 am
Registration

10.00 – 10.10 am
Opening
Markus Müller, Rector, MedUni Vienna

10.10 – 10.20 am
Introduction
Anita Rieder, Vice Rector for Education, Head of Center for Public Health, MedUni Vienna

10.20 – 10.45 am
10 years of Department of Health Economics (DHE): Past, present and future
Judit Simon, Head of Department of Health Economics, Deputy Head of Center for Public Health, MedUni Vienna

10.45 am – 12.45 pm
DHE Faculty presentations

Unit costs for healthcare decision-making: Quo vadis, Austria?
Susanne Mayer, MedUni Vienna

Improving the wellbeing assessment of people with mental health problems using the capability approach
Agata Łaszewska, MedUni Vienna

Is a predictive algorithm a cost-effective way to guide antidepressant treatment in Europe?
Nataša Perić, MedUni Vienna

Health economic arguments for better integrated care: Physical comorbidity burden and costs of mental health disorders in Europe
Dennis Wienand, MedUni Vienna

Unleashing patient voices: Methodological considerations for the (economic) evaluation of palliative and end-of-life care
Claudia Fischer, MedUni Vienna

Regulation incentives: How Austria's institutional setting promotes regional variation in healthcare utilization
Michael Berger, MedUni Vienna

2.00 – 5.50 pm
Invited speaker presentations

Physician gender and patient health care
Gerald Pruckner
Johannes Kepler University Linz, AT

Probing into the nexus of medical progress, ageing, and health expenditure
Michael Kuhn
International Institute for Applied Systems Analysis, AT

HTA in Austria viewed from a health economics lens: past, present, future
Ingrid Zechmeister-Koss
Austrian Institute for Health Technology Assessment, AT

Stress-testing health systems using agent-based simulations
Peter Klimek
Institute of the Science of Complex Systems, MedUni Vienna, Complexity Science Hub, Supply Chain Intelligence Institute Austria, AT

Fake prices – Is there still a role for medicine price studies?
Sabine Vogler
Austrian National Public Health Institute, AT

Price transparency of pharmaceuticals versus population health
Adrian Towse
Office of Health Economics & London School of Economics, UK

How healthcare interventions influence other sectors and vice versa: another perspective on cost-conscious care
Silvia Evers
University of Maastricht & Trimbos Institute, NL

Handling uncertainty in evaluation of health technologies with limited evidence base
Eline Aas
University of Oslo, NO

The long-term health and wellbeing consequences of childhood policies: A microsimulation approach
Ieva Skarda
Centre for Health Economics, University of York, UK

Redistribution and affordability of health plans in Switzerland: The impact of individual subsidies
Christian R. Schmid
CSS Institute for Empirical Health Economics, CH

5.50 – 6.00 pm
Closing
Judit Simon
MedUni Vienna

6.00 – 7.00 pm
Reception
Born in Klagenfurt in 1967, Markus Müller graduated „sub auspiciis“ from the Medical Faculty of the University of Vienna in 1993. He then trained as a specialist in internal medicine in Austria, Sweden and the USA, gaining postdoctoral qualifications in clinical pharmacology (1998) and internal medicine (2001). In 2004, he qualified as a professor and was appointed Head of MedUni Vienna’s Department of Clinical Pharmacology in Vienna General Hospital.

He earned an international reputation through his work on developing clinical microdialysis and his expertise in the clinical development of innovative drugs and vaccines. Amongst other things, he was heavily involved in the clinical development of several vaccines against influenza H5N1, influenza H1N1, borreliosis/Lyme disease, Ebola and Alzheimer’s disease, to name but a few. Markus Müller has published more than 250 original works in the field of internal medicine.

In 2018, he received the Honorary Fellowship Award from the American College of Clinical Pharmacology and in 2019, he was appointed as a governor on the Board of Tel Aviv University. As of 2018, he has been President of the Austrian Supreme Sanitary Council, the advisory body to the Austrian Minister of Health. He has headed up MedUni Vienna as its Rector since 2015.

Anita Rieder is a Professor of Social Medicine and Vice Rector for Education at the Medical University of Vienna, she is Head of the Center for Public Health and the Department for Social- and Preventive Medicine, also Scientific Director of the Master of Public Health Programme at the Medical University of Vienna and Board Member Master of Insurance Medicine at the University Basel. Before she was appointed as Vice Rector she was Director of the Medicine Degree Programme at the Medical University.

Her main expertise is Social Medicine and Public Health, Health Services Research, Health Policy, Prevention and Health Promotion with a focus on Cardiovascular Prevention, and she is an expert in Medical Education. She is reviewer for international Quality Assurance and Accreditation Agencies (Medical Education) and a Board Member. Professor Rieder received the Austrian Cross of Honor for Science and Research and the Order of Merit from the Chamber of Physicians Vienna. She is a Member of the Supreme Medical Council Ministry of Health. She is the President of the Austrian Medical Society Public Health and Head Instructor for Public Health Residencies. She is a member of Board of Trustees Austrian Agency of Education and Internationalisation. Professor Rieder was holding the position of a visiting professor at the Department for Rehab and Prevention at the Ottawa Heart Institute in Canada and at the Medical School Hannover (MHH, Goeppert- Mayer professorship).
Judit Simon is Professor of Health Economics, Head of the Department of Health Economics, Deputy Head of the Center for Public Health and Coordinator of the Public Health Doctoral programme at the Medical University of Vienna. She is Visiting Professor at the University of Oxford and Corvinus University Budapest. She had previous appointments at UCL, LSE and the University of Oxford in the UK. She holds an MD, a BSc in Economics and a BA in Medical Translation (University of Szeged), an MSc in Health Economics (University of York), and a DPhil in Public Health/Health economics (University of Oxford). She is Fellow through Distinction of the UK Faculty of Public Health (FFPH).

Her main expertise include applied and methodological health economic evaluation research alongside clinical studies/guidelines/HTAs, evidence synthesis and health services and systems research. She has been PI/co-I on 22 grants with over 37 million Euros funding in the fields of mental health, public health, nutrition, cancer and palliative care economics. Most recently, she led European research on (mental) health economic evaluation methods (Horizon 2020 PECUNIA) and the comorbidity costs of mental disorders (ECNP). She has over 160 publications, and is senior editor at BMJ Mental Health, BJPsych Open and Bipolar Disorders.

10 years of Department of Health Economics (DHE): Past, present and future

Unit costs for healthcare decision-making: Quo vadis, Austria?

Increasing healthcare costs require evidence-based resource use allocation for which assessing costs rigorously is crucial. However, unit costs, i.e. the average monetary value of unit of service use (e.g. contact with a general practitioner), currently often lack cross-country and even within-country comparability. This presentation outlines these methodological issues and explores the past and recent advancements by the Department of Health Economics for Austria, concluding with an outlook on necessary next steps towards supporting health economic evaluations nationally.
Improving the wellbeing assessment of people with mental health problems using the capability approach

Several new approaches have been recently investigated to provide appropriate quality-of-life and wellbeing measurement in health economic evaluations, especially in vulnerable populations including people suffering from mental disorders. The presentation shows the journey of the novel multi-dimensional, patient-reported capabilities instrument (OxCAP-MH) from its development in Oxford through evaluating its inter-cultural transferability and development of the new language versions, to its applicability in national and international projects including feasibility for the routine evaluation of mental health services, assessment of the Covid-19 pandemic impacts, and the PECUNIA PROM–MH compendium. Finally, an outlook on applying the OxCAP–MH for the wellbeing assessment in cross-country comparisons is discussed.

Is a predictive algorithm a cost-effective way to guide antidepressant treatment in Europe?

The PReDiCT test was developed as a digital tool of personalised medicine to provide an early indication of response to antidepressant medication. We estimated the cost-effectiveness of the PReDiCT test compared to Treatment-As-Usual in a randomised-controlled trial in five European countries (UK, DE, F, NL, ES). Both arms significantly improved in terms of quality of life during 24-weeks follow-up. We observed an additional 24% improvement in the PReDiCT arm in the capability wellbeing (OxCAP–MH). Main economic benefits of the PReDiCT test seem to fall on broader societal costs. Great between-country variations are likely to reflect substantial underlying system and depression care differences.
Health economic arguments for better integrated care: Physical comorbidity burden and costs of mental health disorders in Europe

Individuals with mental health disorders have worse physical health compared to the general population, utilise healthcare resources more frequently and intensively, incurring higher costs. This presentation provides insights into epidemiological and health economic aspects of physical comorbidity in people with mental health disorders. Levels of excess risk for physical health conditions in people with depressive disorders, bipolar disorder, schizophrenia, and alcohol use disorders, will be presented. Further, this presentation will exhibit the economic burden of hospital care utilisation and productivity losses due to excess physical health conditions in the working-age population of 32 European countries for the year 2019.

Unleashing patient voices: Methodological considerations for the (economic) evaluation of palliative and end-of-life care

Patient-reported outcome measures (PROMs) provide invaluable insights into the patient experience and overall health outcomes and play a crucial role in informing (economic) evaluations. Their significance is particularly pronounced in palliative care, where the focus is on enhancing the quality of life for patients and families facing life-threatening illnesses. Despite their importance, the field of palliative and end-of-life care lacks comprehensive methodological guidance for conducting economic evaluations. This presentation reveals the results of a multi-center study that collected PROMs from patients in specialized palliative care facilities in Austrian hospitals. It discusses the psychometric validity of different PROM instruments and explores the feasibility challenges and facilitators of collecting these measures in the specialized palliative care context.
Regulation incentives: How Austria’s institutional setting promotes regional variation in healthcare utilization

Medical practice variation is of major interest for policy makers. It is a key target for improving the efficiency of healthcare expenditures and a critical dimension for equity in access to care. In a healthcare financing system based on solidarity, every patient should receive the right type and amount of healthcare regardless of social status or location. We present (ongoing) empirical work that discusses how economic incentives and regulatory frameworks shape regional patterns in healthcare utilization and potentially reinforce under- and overprovision of care, and how these insights can be used in future applied research.

Physician gender and patient health care

Recent research shows that men and women differ in diagnosis type and frequency, as well as symptoms and treatment for certain diseases. Simultaneously, more female physicians than ever enter the profession, potentially increasing the recognition of gender and sex differences in treatment. We exploit a unique quasi-random procedure for filling vacant outpatient physician positions in Upper Austria to causally analyze the effect of the gender of a general practitioner (GP) on individual health care utilization. In line with previous studies, we find a significant small positive effect on health care costs for a female succeeding GP in comparison to a male succeeding GP. Except for GP visits, no statistically significant difference between the effect for male and female patients exists. We conclude that previous research has potentially overestimated the primary care providers’ gender effect on patients.
Michael Kuhn (PhD Rostock) is the Program Director of the IIASA Economic Frontiers Program. His research interests lie in the areas of theoretical and applied health, population and development economics.

Probing into the nexus of medical progress, ageing, and health expenditure

How do the joint processes of medical progress, ageing, and health expenditure bear on economic performance and welfare.

Ingrid Zechmeister-Koss has worked at the Ludwig Boltzmann Institute for Health Technology Assessment/LBI-HTA (since 2020 Austrian Institute for Health Technology Assessment/AIHTA) from 2006 to 2015 and since 2018. She is the deputy head of the institute and leads the domains of health economics and health services research. Her current research focus is primarily on mental health services research and mental health economics. After a Master’s in ‘Health Studies and Management’ at the University of Brighton, she was a research assistant at the Vienna University of Economics and Business, where she completed her doctorate study. Apart from the LBI-HTA /AIHTA, she worked in other Austrian research institutes (Austrian Academy of Sciences, European Centre for Social Welfare Policy and Research). She also worked for several years for a hospital provider in the field of biomedical sciences and as a health economist in health care administration (Austrian Social Insurance).

HTA in Austria viewed from a health economics lens: past, present, future

The talk will reflect on the role of health economics within HTA in Austria and the relevance of economic evaluations in decision making over the last years. It will further address current challenges in the health system and what current health economic methods applied internationally within HTA may offer to address them but also what their limitations are. The talk will finish with some thoughts on potential ways forwards regarding methods and their application in Austria.
Peter Klimek is director of the Supply Chain Intelligence Institute Austria (ASCII), holds an associate professorship at the Medical University of Vienna and is a faculty member of the Complexity Science Hub. Drawing from his expertise in complexity science, data science, statistics and physics, his research aims to improve our understanding and ability to predict complex socio-economic systems. Peter and his research team developed prediction and stress-test models for chronic disorders as people age, healthcare system workforce changes and shocks disrupting economic and financial markets, and operated a model to forecast the COVID-19 epidemics in Austria. Peter earned a PhD in physics in 2010 and a Venia Docendi (habilitation) in computational science in 2018. In 2021, he received the Paul Watzlawick Ring of Honor. In 2022, he was named Austrian Scientist of the Year 2021. He has more than 100 publications and 60 conference/invited lecture presentations.

Stress-testing health systems using agent-based simulations

Demographic change is expected to lead to a significant increase in the number of elderly and multimorbid patients, combined with increasing retirements among health professionals. I will present recent work in which we are attempting to estimate quantitatively for the next few decades how public health is likely to evolve, how this will be reflected in the population's use of health services, and how the status of the health workforce is likely to evolve. The aim is to better understand the resilience of the Austrian health care system in the face of future challenges and to identify starting points for making the system more resilient and crisis-proof.

Sabine Vogler is Head of the Pharmacoeconomics Department of Austrian National Public Health Institute (GÖG), and serves as Director of the WHO Collaborating Centre for Pharmaceutical Pricing and Reimbursement Policies. She is also affiliated to the Department of Health Care Management, Technical University of Berlin and was Visiting Fellow at the Department of Economics, University of Bologna in 2017. She graduated in commerce and earned a PhD in social and economic sciences from the Vienna University of Economics and Business Administration. She has over 25 years of experience in surveying and analysing medicine prices, evaluating pharmaceutical policies as well as measuring access, affordability, and availability of medicines. She coordinated numerous research projects at national and European levels and was pivotal in establishing the PPRI (Pharmaceutical Pricing and Reimbursement Information) network. She (co-) authored more than 180 publications, including peer-reviewed articles.

Fake prices - Is there still a role for medicine price studies?

Researchers conducting medicine price surveys, analyses and comparisons can be confronted with important methodological challenges, including data gaps and limitations in cross-country comparability. Given confidential deals (so-called managed entry agreements) for medicines with high price tags, published prices do not always reflect reality. Is it legitimate to conduct medicine price studies against this backdrop? How to deal with the limitations? Additionally, confidentiality of price data has major policy implications since numerous countries base their price setting on the price information in other countries. The presentation will discuss challenges in medicine price studies, methodological advances, and policy action to address lack of transparency.
Adrian Towse is Emeritus Director of the Office of Health Economics (UK), Visiting Professor at the LSE, and a Non-Resident Fellow of the Center for Global Development. He has also been a Visiting Professor at the University of York and a visiting Senior Researcher at the Nuffield Department of Population Health, University of Oxford. For ten years, he served as the Non-Executive Director of the Oxford University Hospitals NHS Trust. Adrian was President of ISPOR (2014-15). He holds an MA (Hons) from Keble College, Oxford; an MPhil from Nuffield College, Oxford; and is a qualified Chartered Institute of Management Accountant.

His current research includes incentives for new drugs and vaccines to tackle Antimicrobial Resistance, the use of ‘risk-sharing’ arrangements between health care payers and pharmaceutical companies, including approaches to measuring novel elements of value and to value-based pricing; the economics of stratified medicine for health care payers and the pharmaceutical industry; and economic issues of treatments for diseases prevalent in low and middle income countries.

Price transparency of pharmaceuticals versus population health

Many people value transparency as a good in its own right. However, if price transparency does not improve population health a trade-off has to be made. Which is more important? Especially to middle and low income countries? In this presentation I will:

• distinguish between transparency of process and of outcome
• look at the evidence on price transparency and collusion between suppliers
• address the question as to whether transparency increases payer bargaining power?
• set out recommendations, which differ as between on-patent and off-patent medicines

Silvia Evers is professor of Public Health Technology Assessment at Maastricht University (UM) and scientific director of the Care and Public Health Research Institute (CAPHRI). She has been working at the Trimbos Institute since 2013. She is successful in acquiring funding for health economics research (including NWO, ZonMw, European, etc.) and regularly organizes national and international meetings (e.g. lolaHESG and EuHEA 2018). She has a multidisciplinary background (Health Sciences (Mental Health Sciences; Policy & Management), Epidemiology and Law (Labour and Social; Health Law)), and has worked within various groups (Institute for Rehabilitation Research, Maastricht University (Epidemiology; Health Economics; Medical Sociology; Psychology), National Institute for Public Health and the Environment (Centre for Care Studies), University of Amsterdam (Pedagogics) and Academic Hospital Maastricht (Neurosurgery)). She enormously values (inter)national collaboration between disciplines, as well as with various stakeholders in healthcare.

How healthcare interventions influence other sectors and vice versa: another perspective on cost-conscious care by Silvia Evers

Traditionally, HTA analysis merely includes an economic evaluation looking at an innovative intervention versus care as usual in the healthcare sector. In the last decade, insights have been gained that the impact of these healthcare interventions also influences other sectors (such as employment, education, and justice). Next to that, awareness has risen that cost-conscious care can also be reached by improving the knowledge and the implementation of health economics among healthcare professionals, for instance by including economic evidence in clinical guidelines.
Handling uncertainty in evaluation of health technologies with limited evidence base

Limitations in the evidence base for precision medicine and accelerated licensing processes for new pharmaceuticals have led to considerable uncertainty surrounding the added value of novel interventions. Without a sufficient health economic evidence base, decision makers risk making incorrect coverage decisions that may result in an inefficient use of healthcare resources and reduced patient health benefits. In particular immature data and single-arm trials is a challenge for decision makers as the evidence are very uncertain and potentially biased. In this talk I will discuss how methods in economic evaluation can be developed in order to reduce uncertainty.

The long-term health and wellbeing consequences of childhood policies: A microsimulation approach

Early childhood circumstances are crucial for future child development, long-term health and wellbeing. However, intervening to tackle various childhood difficulties through policies such as tax-benefit reforms and in-kind services is challenging in practice, because of the lack of hands-on methods to predict the long-term consequences of these policies for different kinds of children. This talk will explain how new microsimulation-based methods can help to address these challenges and better understand the long-term health and wellbeing consequences of various early childhood policies.
Christian P.R. Schmid is the head of the CSS Institute for Empirical Health Economics and lecturer at the Universities of Bern and Lucerne. He holds a Ph.D. in economics from the University of Bern, Switzerland. His research focuses on health insurance markets with regulated competition. In current work, he is investigating financial incentives for patients as well as for health care providers, determinants of generic substitution, and the effect of premium subsidies on the affordability of health plans.

Redistribution and affordability of health plans in Switzerland: The impact of individual subsidies

In many countries, the redistribution of resources through the healthcare system is pursued as a means to promote equity, reduce health disparities, and ensure affordability. While numerous European countries have (public) health insurance systems that are financed by taxes or other income-dependent contributions, health care premiums in Switzerland are community-rated and not directly linked to income. However, individuals and families with low incomes are provided with means-tested subsidies, which aim to ensure health plan affordability. Research indicates that these subsidies can effectively alleviate financial distress, incentivize individuals to choose more comprehensive health insurance coverage, and redistribute resources from the wealthier to the less well-off. Consequently, individual subsidies seem to be an effective tool for both redistribution and ensuring affordability of health plans.

Reflection Panel

Stefan Eichwalder
Director, Health System Division, Federal Ministry of Social Affairs, Health, Care and Consumer Protection, AT

John Geddes
WA Handley Professor of Psychiatry, Department of Psychiatry, University of Oxford; Director, NIHR Oxford Health Biomedical Research Centre, UK

Andreas Goltz
Referent, Österreichische Gesundheitskasse, AT

Leona Hakkaart-van Roijen
Associate Professor of Economic Evaluations in Health Care, Erasmus School of Health Policy & Management, Erasmus University Rotterdam; Institute for Medical Technology Assessment (IMTA), NL

Willy Oggier
Independent Health Economics Consultant, Gesundheitsökonomische Beratungen AG, CH

Anita Patel
Director of Health Economics and Evaluation, IPSOS UK; Honorary Professor, Queen Mary University of London, UK

Elizabeth-Ann Schroeder
Senior Researcher in Health Economics, Nuffield Department of Primary Care Health Sciences, University of Oxford, UK

Tanja Stamm
Professor of Outcomes Research, Center for Medical Data Science, Medical University of Vienna, AT
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