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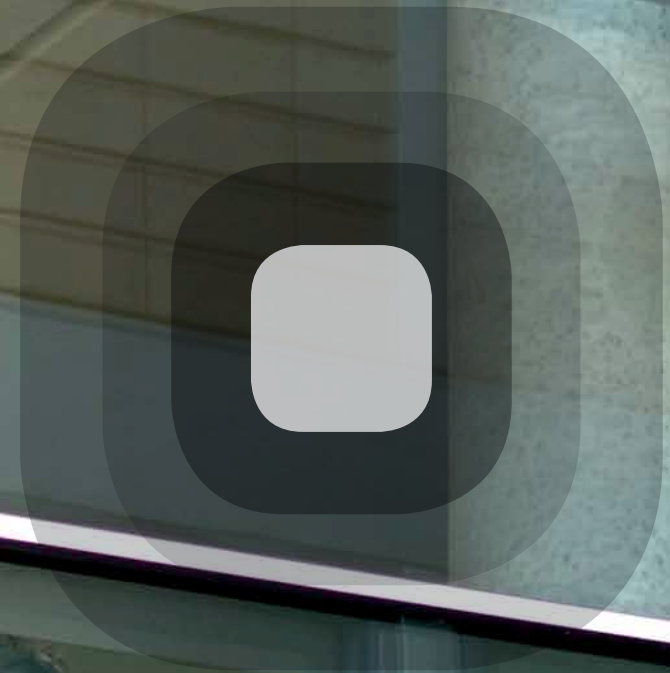




hche | Hamburg Center
for Health Economics

*Interdisciplinary Research for
Quality and Efficiency in
Health Care*

Hamburg





Health care systems are challenged by an ageing population. Demographic changes are associated with an increasing demand for health care services, the need for new approaches in the provision of health care and the demand for innovative preventive, diagnostic and therapeutic practices. Research at Hamburg Center for Health Economics (HCHE) is devoted to tackle these current and future challenges in the health care sector. The center utilizes the comprehensive expertise of its core members to develop and apply sophisticated methodological standards. Our members provide empirical evidence that creates high academic and policy impact in the area of health economics. A unique feature of the center is its high interdisciplinary set-up as a result of the integration of physicians from the University Medical Center Hamburg-Eppendorf (UKE) and economists from the Business and Economics Department of the School of Business, Economics and Social Sciences of the Universität Hamburg. Founded only in 2010, HCHE with its roughly 50 researchers has already become one of the largest centers for health economic research in Europe. The center also receives support from the Federal Ministry of Education and Research for its further expansion.

A handwritten signature in blue ink, appearing to read 'J. Schreyögg'.

*Prof. Dr. Jonas Schreyögg,
Scientific Director, Hamburg Center for Health Economics*

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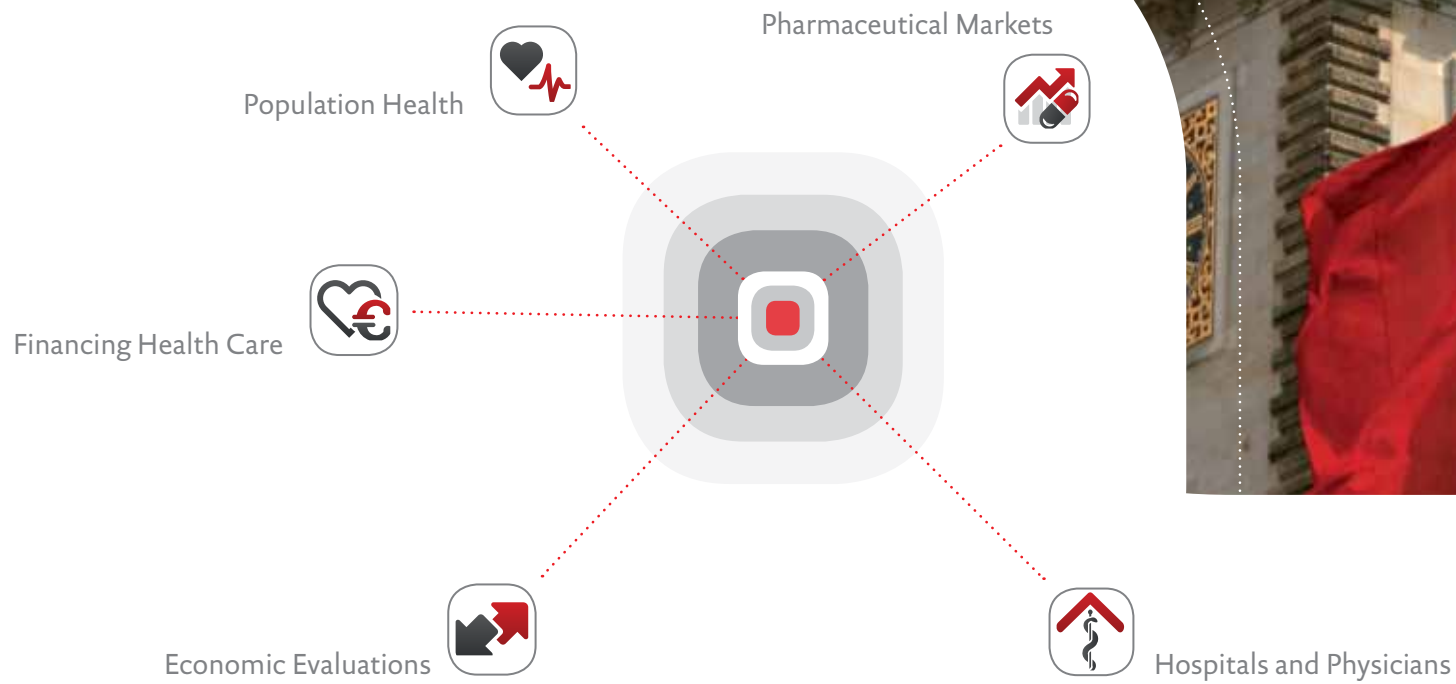
Research for a Better Health Care System

Health economics, originating in the UK and US, has quickly established itself as a valuable field of research in numerous countries. Not only recognized by economists and physicians, health economics also plays an important role for policy-makers and other institutional actors in the health care industry.

Hamburg Center for Health Economics (HCHE) is a joint center of the School of Business, Economics and Social Sciences of the Universität Hamburg and the University Medical Center Hamburg-Eppendorf. It has already become the largest health economics research center in Germany. The location in Hamburg is auspicious. The Hanseatic city has a large, urban health services sector, a university with a strong economics and business department that occupies top positions in national university rankings, and the University Medical Center Hamburg-Eppendorf that is known for its excellent clinical research and health services research.

“In a remarkably short time, the Hamburg Center for Health Economics has advanced to the front rank of health economics research organizations in Europe. Inspired by issues in the financing and delivery of health care in Germany, the research methods and results are of interest to health care researchers world-wide.” Prof. Thomas McGuire, PhD (Harvard University, USA)

Research Fields



Research in a Prominent Location



Hamburg offers beautiful views and impressive facades to visitors. Since the beginning of 2012, the center has a new residence for its endeavors. Stephansplatz 10 / Esplanade 36 is not only a spot located between the university's main building and the city center, but a building with a grand history too. Built in the classicistic style, it housed the Grand Hotel Esplanade in 1907. After frequent changes of owners, the Northwest German Volksbank used the building for administrative purposes in 1971. Extensive restoration began in 2005. Since 2006, a casino has occupied the lower floors of the building while the upper floors are the home of HCHE today. However, health economic research does not have anything to do with the world of gambling. Commenting on this, the HCHE Director Jonas Schreyögg said with a wink, *"An inspiring contrast."*



Ranking Among Top Research Centers

In Germany, research in health economics and health care management is fragmented. There is usually only one academic chair of either research area per university. Collaborations between economic departments and medical schools are mostly non-existent. Yet, international experience illustrates that a concentration in research centers increases both quality and quantity of research, thus, its impact on policy-making. Notable examples are the large and renowned health economic centers in Rotterdam, Stanford or York. Germany is following suit: the Universität Hamburg and the University Medical Center Hamburg-Eppendorf have created six chairs of health economics as well as two assistant professorships that constitute the Hamburg Center for Health Economics. HCHE pools knowledge and skills from both economics and medicine. To do so, HCHE receives support from the Federal Ministry of Education and Research for its further expansion as one of four national centers for health economics. As part of this sponsorship, HCHE has additionally created two junior research groups.

“In a scientific-political stroke of genius, the Universität Hamburg and the University Medical Center Hamburg-Eppendorf have successfully established a center for health economics out of nothing that has the potential to become the number one in Germany. With a prosperous combination of theory and empirical research, business, economic and medical research working together, the HCHE is to lend new impetus to health economic research and teaching.”

Dr. Friedrich Breyer (University of Konstanz)

Ideal Conditions

Building on the already existing chairs at the University of Hamburg, HCHE is a driving force for the integration of various research units, creating the conditions for nationally and internationally recognized interdisciplinary research. Our main goal is (a) to develop and employ empirical as well as theoretical methods, and (b) to be able to give academically well-grounded and fact-based recommendations to policy-makers and health care institutions. In addition, a close cooperation between economics, social sciences and medicine makes education more attractive for bachelor students, master students, and PhD students.

“In a very short time the Hamburg Center for Health Economics has developed to one of the leading centers for Health Economic Research in Europe. By bringing together experts from various health care disciplines, the center’s work strongly contributes to the understanding and improvement of health care delivery systems and policies in Germany and other countries.” Prof. Alan M. Garber, MD, PhD (Harvard University, USA)





Ten Research Units under one Roof

Chair of Health Care Management
Prof. Dr. Tom Stargardt

Chair of Health Care Management
Prof. Dr. Jonas Schreyögg

Chair of Health Economics and Social Policy
Prof. Dr. Mathias Kifmann

Chair of Economics, in particular Microeconometrics
Prof. Dr. Thomas Siedler

Assistant Professor of Technology and Quality Management in Health Care
Assistant Prof. Dr. Rudolf Blankart

Junior Research Group for Methods of Health Economic Evaluation
Dr. Alexander Konnopka

Chair of Health Economics and Quality of Life Research
Prof. Dr. Matthias Augustin

Chair of Health Economics and Health Services Research
Prof. Dr. Hans-Helmut König

Assistant Professor of Hospital Management
Assistant Prof. Dr. Vera Hinz

Junior Research Group for Pharmacoeconomics
Dr. Katharina Fischer

Education in Health Economics

The complexity of health care systems demands from future managers and policy-makers not only expert knowledge on health care markets but also a strong methodological and analytical background. Education at HCHE familiarizes students with the most pivotal challenges and particularities of the German health care system and other health care systems around the globe. HCHE contributes to undergraduate and graduate programs at the Universität Hamburg. Starting in 2013, the M.Sc. program “Health Economics and Health Care Management” will welcome its first students. Thus, graduates from HCHE become attractive candidates for leadership positions in health care organizations, politics as well as promising researchers in health economics.

HCHE aims at profoundly integrating teaching and research. It invites all its students to contribute to any of its numerous research projects, for instance with their bachelor thesis or master thesis. The center has established an extraordinary network that promotes interns and young professionals working in the health care industry.

Excerpt from the University Catalog:

- The individual as the producer of his or her health
- Management of health insurance companies
- Financing the health care system
- Risk-selection and competition in the health insurance market
- Optimal health insurance contracts
- Analysis of health economic evaluations and decisions
- Health economic aspects of preventive care
- Leadership and accounting in hospitals
- Strategic hospital management
- Physicians as suppliers of medical services
- Optimal payment of health care providers
- Regulating pharmaceutical markets
- Pricing and market access in the pharmaceutical industry



Excellence in Research

HCHE is dedicated to a high standard of research with state-of-the-art methods. We present our findings in internal seminars as well as international conferences such as the World Congress of the International Health Economics Association, the European Conference on Health Economics, and the Congress of the International Society for Pharmacoeconomics and Outcomes Research.

Most research at HCHE is targeted at an international audience. Our members achieve to publish their results in peer-reviewed journals such as the Journal of Health Economics, Health Economics, Health Services Research, Health Policy, and European Journal of Health Economics. Furthermore, relevant findings for the German health care system are published in the top national field journals.



Research for a Sustainable Health Care System

Interdisciplinary research at HCHE identifies and provides solutions for current and future challenges in health care. The center focuses on five research areas: financing health care, economic evaluations, population health, hospitals and physicians, and markets for pharmaceuticals.



“It is one of the most critical questions how the health care system can be sustainably financed given demographic changes and technological progress.”

Prof. Dr. Mathias Kifmann

labor

hospitals

solutions

demographic change

population

research

evaluation



Focus on Financing Health Care Systems

physicians

people

health

pharmaceuticals

markets

interdisciplinary

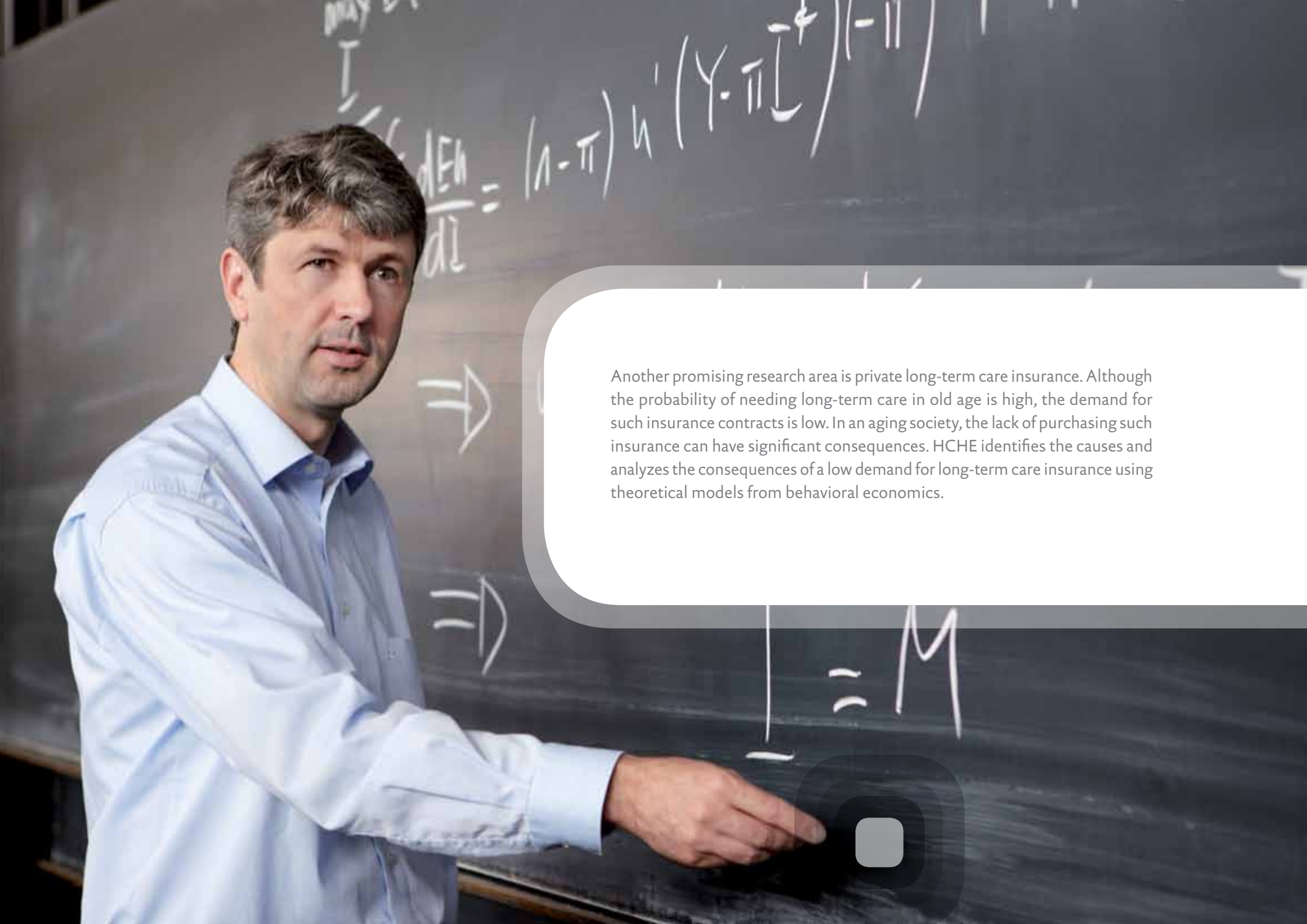
future



„A better understanding of risky health behavior such as smoking and binge drinking and how to design appropriate prevention policies are important challenges in the near future.“ Prof. Dr. Thomas Siedler

This area not only enlightens current political and social debates on how to finance health care, we also develop innovative solutions to a sustainable financial stability. Our starting point is the analysis of demand for health as a good and long-term care insurance with methods from behavioral and insurance economics. These two fields are combined with insights from public economics, particularly the theory of optimal taxation.

An integral part of our research is the analysis of health insurance contracts. Insurance covers financial risks resulting from illness and provide access to expensive therapies. At the same time, health insurance changes the incentives of the insured to engage in preventative measures and to use medical care efficiently. Our research enables us to develop strategies for a sustainable funding and efficient design of health insurances and long-term care insurances.

A man with short brown hair, wearing a light blue button-down shirt, stands in front of a chalkboard. He is looking towards the camera with a slight smile. The chalkboard behind him is filled with handwritten mathematical equations in white chalk. One prominent equation is $\frac{dEh}{dl} = (1-\pi)h'(Y-\pi l^4)(-ll)$. Other visible symbols include \Rightarrow and $=M$.

Another promising research area is private long-term care insurance. Although the probability of needing long-term care in old age is high, the demand for such insurance contracts is low. In an aging society, the lack of purchasing such insurance can have significant consequences. HCHE identifies the causes and analyzes the consequences of a low demand for long-term care insurance using theoretical models from behavioral economics.

Research Project: “Sorry, we have no more appointments available for this quarter.”

Various media report that German physicians have no more appointments available towards the end of a quarter. In some cases, doctor’s receptionists refer to an “exhausted budget”. In fact, the financial incentive for physicians to treat a statutorily insured patient decreases towards the end of a quarter although – by law – physicians must treat all incoming patients. An HCHE study investigates the problem of receiving an appointment towards the end of a quarter. Using survey and invoice data, Konrad Himmel (HCHE), Mathias Kifmann (HCHE) and Robert Nuscheler (University of Augsburg) find evidence that specialists deliberately avoid appointments towards the end of a quarter.

Research Project: Can premium subsidies replace social health insurance?

Is social health insurance really necessary to ensure solidarity in health insurance? Can solidarity also be achieved with premium subsidies for patients whose health insurance payments exceed a given share of income?

Mathias Kifmann (HCHE) and Kerstin Roeder (LMU Munich) tackle this research questions in their study “Premium Subsidies and Social Insurance: Substitutes or Complements?” (HCHE Research Paper Series 01/2011, published in the Journal of Health Economics) in the context of an optimal tax model. The authors reveal that the correlation between health and productivity is a crucial element in their model. For the plausible assumption of a positive correlation, premium subsidies do not replace but rather complement social health insurance.

For this study, the authors were awarded with the National Research Award of the German Health Economics Association in 2012.





Focus on Economic Evaluations

Using new forms of therapy is usually associated with high costs and uncertainty about its effectiveness. To make socially desirable decisions in the face of scarce resources, decision-makers have to carefully balance targeted programs and innovations. In particular, new pharmaceutical law that went into effect in 2011 promotes the use of economic evaluations in Germany.

One of HCHE's core tasks is the structured evaluation of innovative health care services. This line of research identifies superior practices that create the basis for price negotiations and thus achieves better patient services at lower costs. For example, methods from decision theory, epidemiology or economics allow for comprehensive cost-effectiveness analyses and cost-utility analyses. In close collaboration with health care professionals, HCHE continually improves these methods. HCHE conducts studies in conjunction with internationally distinguished physicians to assess the economic impact of chronic illnesses and to calculate their financial burden.

Four pillars of HCHE's economic evaluations: determining cost-of-illnesses, evaluating the utility of interventions based on social preferences, using administrative data to measure the effectiveness of innovations in real-world settings, and modeling of decisions.

*Research Project: Treatment of Schizophrenia in Germany.
An assessment of the cost-effectiveness of long-acting injectable
Risperdal and Fluanxol under real-world conditions*

A Markov decision-model simulates the course of illness for two popular therapy alternatives over an extended period of time. Model parameters such as treatment costs, length of hospital stays and disease-related as well as medication-related adverse effects were derived from health insurance administrative data covering patients who underwent psychiatric inpatient treatment. In doing so, a HCHE team (Simon Frey and Tom Stargardt) in cooperation with Techniker Krankenkasse (Roland Linder) and Ruhr-Universität Bochum (Georg Juckel) shows that the drug Risperdal hardly improves the therapy at significant higher costs than the drug Fluanxol does.





Researchers at HCHE specialize in the economic evaluation of wide-spread diseases in industrialized countries, such as diabetes mellitus, obesity, coronary heart disease, osteoporosis, and arthritis. After quantifying the long-term costs of care for these patient groups, we analyze the cost-effectiveness of a variety of preventive and therapeutic interventions. Our results empower decision makers to better organize service delivery for these patients and to save unnecessary expenditures.

Research Project: Economics of Obesity

Obesity is a serious health, economic, and even social problem. Hans-Helmut König (HCHE), in cooperation with the Integrated Research and Treatment Center Adiposity Diseases in Leipzig, analyzes the economic consequences of obesity in Germany. In addition to an established

cost-of-illness study using a top-down approach, Hans-Helmut König focuses particularly on the development of a simulation model. These simulations allow incidence-based cost-of-illness studies and cost-effectiveness studies of preventive and therapeutic interventions.



“We have to create the empirical evidence for the most beneficial use of limited resources in health care.” Prof. Dr. Jonas Schreyögg



Focus on Population Health

When choosing a tailored treatment strategy, not only costs and quality have to be considered. Patients have various individual preferences and options in a complex decision environment too. Researchers at HCHE examine, for example, how people value a fair distribution of access to care, and how these preferences can be used to model individual decision-making.

A new area of utilizing administrative data has been started with the increasing number of post-launch studies, so-called Phase-IV studies. HCHE is constantly developing methods to analyze administrative data from sickness funds for health economic research. Furthermore, HCHE has bundled resources for the economic evaluation of interventions in a gradually growing psycho-social service sector. Evaluations encompass large-scale cost-of-illness studies as well as specific cost-utility evaluations of both established and new therapeutic approaches and service programs.

“Especially in psycho-social-care services research, there is still a substantial need for research on the efficiency of these services.”

Dr. Alexander Konnopka



Research Project: Costs of Dementia

Dementia causes a high utilization of medical care that increases during the course of the illness. One part of the AgeCoDe-Study (Germany Study on Ageing, Cognition and Dementia), led by Hans-Helmut König (HCHE), examines the total costs of dementia including medical services and all forms of nursing care. Nursing care amounts for about three quarters of the total costs. Particularly important is the so-called informal nursing care which is nursing by family members, for example. All things considered, the cost of dementia is more than twice as high in advanced stages than in the first stage.



“I am impressed by the speed that the Center has grown in a very short time. It has an interesting agenda, encompassing broader issues such as population health and healthcare financing, as well as more targeted issues such as economic evaluation. The Center is likely to make a major contribution to the advancement of health economics research in Germany.” Prof. Michael F. Drummond, PhD (University of York, UK)





Focus on Hospitals and Physicians

How good is health care in Germany compared to international standards? How efficient are German hospitals? Do privately owned hospitals differ from publicly owned hospitals in delivering services? To answer these questions, HCHE measures quality and efficiency of international health care systems and health care institutions.

Hospitals and physicians are key actors in the delivery of health care, thus, play a vital role in the productivity of the overall health care system. HCHE uses modern methods to measure performance and evaluate the effectiveness and efficiency of various incentive structures and compensation schemes for physicians. Strategic management, while still in its infancy in hospitals, is of ever-increasing relevance as the economic pressure steadily increases due to growing competition. Consequently, HCHE analyzes the success of management tools such as privatization, development of networks or specialization on hospital efficiency and quality of care.



Research Project: A Two-Class Health Care System in the Waiting Room?

Waiting times are commonly perceived as subtle forms of rationing in health services delivery. Kathrin Roll, Tom Stargardt and Jonas Schreyögg address the question which factors influence waiting times for an appointment with a general practitioner or specialist. For example, the type of health insurance (public or private) significantly affects the length of waiting times. Compared to publicly insured patients, privately insured patients receive on average a specialist appointment nine days earlier. In contrast, there is hardly any difference between health insurance statuses for appointments with general practitioners. As a reminder, outpatient physicians in Germany receive a 2.28 times higher compensation for the same services when treating private patients rather than patients with a public insurance.



Research Project: The Influence of Privatization on Hospital Employment

More and more public hospitals become privatized. While proponents of privatizations argue that private ownership leads to higher hospital efficiency, opponents fear potential adverse effects on employment and access to care. HCHE investigates, for instance, the effect of privatizations on employment in a study by Mareike Heimeshoff, Jonas Schreyögg and Oliver Tiemann. The authors demonstrate that the effects of privatization depend on the nature of the privatization (private-for-profit versus a private-non-profit privatization) and the staff under consideration: while private-for-profit privatizations reduce non-medical staff and nurses, private-non-profit owners do not. This heterogeneity in firm behavior can be explained by differences in the strategic positioning. Still, further research is needed to investigate the effect of employment cuts on the quality of care after privatization occurs.



Focus on Pharmaceutical Markets



Expenditures on pharmaceuticals are a fast-growing and substantial cost block in health care, a trend that puts the German pharmaceutical market in the center of public interest. As a result, the pharmaceutical market is governed by ever increasing regulations such as reference-pricing, substitution with generic drugs, global drug budgets, and preferred supplier contracts. In addition to the burgeoning demand to prove quality, safety and efficacy of innovative drugs, results from health economic evaluations have a growing influence on reimbursement decisions.

Researchers at HCHE examine how political interventions affect the behavior of firms, population health and overall expenditures. In so doing, political interventions are evaluated and political success becomes transparent. Our endeavors support decision-makers in politics and businesses.

To adjust to the constantly changing regulatory environment, pharmaceutical companies develop strategic behaviors. HCHE also adds value to research and practice by analyzing and developing market-entry strategies and other marketing activities.



“I desire a stronger evidence-based political decision-making when imposing regulatory interventions on the pharmaceutical market.”

Prof. Dr. Tom Stargardt

Research Project: Preferred Supplier Contracts

In Germany, preferred supplier contracts between pharmaceutical companies and health insurance funds have been introduced only recently. In return for a rebate on their products, a pharmaceutical company becomes the manufacturer of choice when a generic drug has been prescribed for any of the insureds of a given sickness fund. Such a contract is an opportunity to rapidly increase a firm's market share. Based on an analysis of administrative data from sickness funds, Rudolf Blankart (HCHE) and Tom Stargardt (HCHE) have simulated the effects of various contract strategies using a market-share attraction model. This model predicts revenue developments for numerous market constellations, and can significantly support the decision-making process for businesses and sickness funds.



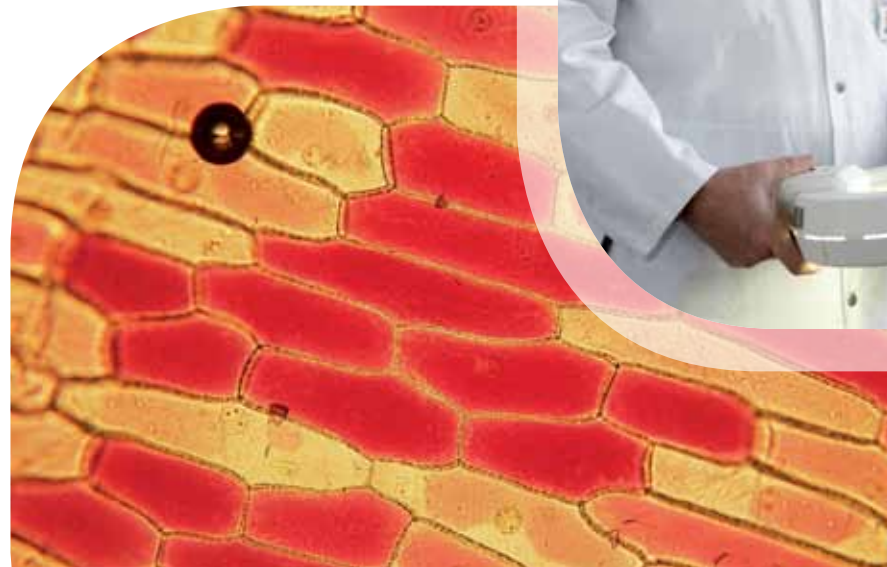
Health Services Research Put into Practice

The knowledge of supply requirements carries great significance for the future of medical care delivery in Germany. This is especially true when talking about highly prevalent chronic illnesses that severely compromise the quality of life of those suffering from the illness.

The importance of health services research is described by Matthias Augustin with the example of psoriasis care in Germany.

“At the Hamburg Center for Health Economics, health economic research of UKE and the Universität Hamburg are woven together in one common place.”

Prof. Dr. Jonas Schreyögg



Psoriasis is Treated Much More Cost-Effectively Today

Psoriasis vulgaris is one of the most significant dermatological illnesses, affecting about 2.5 percent of Germans, that is, about 2 million people. The initial manifestation of the illness occurs usually in the second or third decade of life. The average duration of the illness is more than 40 years, a duration that demands exceptional long-term therapies.

In addition to a high psychological stress, patients often experience limitations in social activities and feel stigmatized by their illness. One third of the patients have mental health problems such as depression or anxiety. Quality of life measures such as the SF-36 questionnaires indicate that psoriasis is a heavier psychic burden than angina pectoris, diabetes or cancer, for example.

The Centre of Excellence for Health Services Research in Dermatology (CVderm) at UKE carries out the world's largest research program for psoriasis care in Germany since 2005. The program includes the analysis of psoriasis care planning, the

implementation of a comprehensive patient register like the PsoBest, the determination of care requirements, and the development of a care structure and formulation of evidence-based guideline standards for therapy. In more than 25 individual studies, CVderm created a sophisticated profile of care services characteristics.

These findings are widely accepted in practice: a nationwide program for the improvement of psoriasis care services has been launched, containing the development of regional psoriasis networks as well as an implementation of the "National Care-Goals Psoriasis 2010-2015". These measures are monitored by CVderm.

The CVderm research program has fundamentally expanded the knowledge of care for psoriasis in Germany. There is no doubt that the CVderm research program increased the possibilities of treatment and the well-being of patients today.

"For a physician, there is nothing better than to see how our scientific results are successfully put into practice."

Prof. Dr. Matthias Augustin

Evaluation of Innovative Financing Models in Psychiatric Care



Prof. Dr. Hans-Helmut König describes ideas, methods, results and implementation of a health services research project in psychiatry.

It is yet unanswered whether an altered incentive structure for mental health service providers achieves more efficient patient care. In Germany, hospital care, day care, outpatient care, and social care for mental health patients are financed independently from each other by different mechanisms. Therefore, it is a major task to integrate mental health care services in an economically meaningful way.

During a controlled trial period, the psychiatric hospital in Itzehoe (Schleswig-Holstein) received a regional psychiatry budget (RPB) from the statutory health insurance for its mental health services. This global budget had to suffice for providing hospital care and day care as well as outpatient treatments (including emergencies) to mental health patients. Thus, the global budget should alter incentives as to provide more efficient patient care.

Our team evaluated this trial through an economic lens. The goal of the evaluation was to estimate the effects of the RPB on costs and health outcomes. We surveyed 502 psychiatric patients in the trial region and a control region for more than 3.5 years. The survey focused on psychopathology, functional levels, quality of life, service utilization, and costs.

Our results suggest no differences in psychopathology, quality of life, and total costs of care between the treatment region and control region. However, functional levels of patients in the treatment region improved significantly compared to the control region. Consequently, the RPB delivers slightly more effective care with similar costs. Our research sustainably influenced financing schemes for mental health services not only in the treatment region Itzehoe but also in other regions across Germany.



Impact on Policy and Practice

At the HCHE we emphasize the need for research results to find their way into the practice of care. This is supported with presentations in scientific forums, which additionally support exchange between researchers, politicians, physicians and interest groups. Networking inward is also important, in order to work with real numbers and influence factors.

“Our goal is to achieve a multifaceted view of important health policy issues and to create room for a wide societal discussion.”

Prof. Dr. Hans-Helmut König

Various HCHE researchers serve as advisors for policy-think tanks, health care organizations or politics. For instance, Matthias Augustin serves as member of the scientific advisory Board of the DAK Gesundheit, one of the largest sickness funds in Germany. Jonas Schreyögg is a member of the scientific boards of the Research Institute of the Federal Physicians Association and the German Foundation for Chronic Diseases. Currently, he serves as a member of the National Commission for Health

Policy of the Heinrich-Böll-Foundation, which develops strategic options for health care reform in order to increase efficiency of the Germany health care system. Mathias Kifmann is a member of the scientific advisory board of the Health Monitor of the Bertelsmann Foundation, one of the largest policy think tanks in Germany. The Health Monitor is a yearly survey that provides useful facts about population preferences concerning the health care system to the general public or to decision makers.

Different Ways to Transfer Knowledge

The weekly **HCHE Research Seminar** provides a platform for lively academic discussions among HCHE members, affiliates, and practitioners. Distinguished guests or HCHE researchers present current research to initiate a flourishing dialogue between academia and practice.



HCHE researchers are widely cited experts on pressing questions in health policy. The HCHE Research Paper Series allows publishing preliminary results to propel discussions with an audience outside of HCHE or the public.

The **Eppendorfer Dialogue on Health Care Policy** is a biannual public discussion with renowned representatives from health policy, health care research, health insurers, health care industry, and patient organizations. This discussion series, initiated by Matthias Augustin, deals with politically challenging recommendations to all sorts of health care practitioners. It has the goal of reaching deep into the public.

Experts at the Eppendorfer Dialogue on Health Care Policy in the end of August 2011 garnered numerous innovative ideas for the future of modern medicine (left to right):

Prof. J. Debatin (former Chairman of the Board of UKE)

Prof. H. zur Hausen (Nobel laureate in Medicine, DKFZ)

C. Prüfer-Storcks (Senator for Health, Hamburg)

Prof. M. Augustin (IVDP, UKE)

Prof. G. Glaeske (Health Care Researcher, University of Bremen)

Prof. B. Sickmüller (Deputy Managing Director BPI)

HCHE Core Members

At the largest center for health economics in Germany – with over 50 scientists today – the health economic competencies and activities of the Universität Hamburg and the University Medical Center Hamburg-Eppendorf are brought together. The HCHE combines the research areas of numerous core members under one roof.



Prof. Dr. Jonas Schreyögg (*Scientific Director*)

Chair of Health Care Management

Prof. Schreyögg holds the Chair of Health Care Management at the Universität Hamburg since 2010. At the same time, he is Scientific Director of HCHE. In addition, he is an associate researcher at Stanford University in California. His research interests include the measurement of quality and efficiency of service providers and the economic evaluation of service programs.

Selected Publications:

Schreyögg J et al. (2011) Costs and Quality of Hospitals in Different Health Care Systems: a Multilevel Approach with Propensity Score Matching, *Health Economics*, 20(1): 85-100. ■ Schreyögg J et al. (2010) On Measuring the Hospital Cost/Quality Trade-Off: The Case of Acute Myocardial Infarction, *Health Services Research*, 45(6): 1585-1601. ■ Schreyögg J (2008) A Micro-costing Approach to Estimating Hospital Costs for Appendectomy in a Cross-European Context, *Health Economics*, 17: 59-69.



Prof. Dr. Matthias Augustin

Chair of Health Economics and Quality of Life Research

Prof. Augustin is a specialist for dermatology and venerology. In addition, economics is an important part of his career – since 2004 he has worked as Professor of Health Economics and Quality of Life Research at the University Medical Center Hamburg-Eppendorf. Since 2010 he has been Director of the Institute of Care Research in Dermatology and Care Professions.

Selected Publications:

Augustin M et al. (2012) Chronic Venous Leg Ulcers: The Future of Cell-Based Therapies, *The Lancet*, 380 [9846]: 953-955. ■ Westerhout KY, Verheggen BG, Schreder CH, Augustin M (2012) Cost Effectiveness Analysis of Immunotherapy in Patients with Grass Pollen Allergic Rhinconjunctivitis in Germany, *Journal of Medical Economics*, 15(5): 906-917. ■ Augustin M et al. (2010) Epidemiology and Comorbidity of Psoriasis in Children, *British Journal of Dermatology*, 162(3): 633-636.

HCHE Core Members



Assistant Prof. Dr. Rudolf Blankart

Assistant Professor of Technology and Quality Management in Health Care

Prof. Blankart holds the Chair of Technology and Quality Management in Health Care at the Universität Hamburg since 2012. After studies in industrial engineering at the Technische Universität Berlin, he has been working as a management consultant at CTcon GmbH. Before joining HCHE in 2010, he worked in the health services management group at Helmholtz Zentrum München in 2009. His research areas are regulations in pharmaceutical markets, health services research, and rare diseases.

Selected Publications:

Blankart CR (2012) Does Healthcare Infrastructure Have an Impact on Delay in Diagnosis and Survival?, *Health Policy*, 105(2-3): 128-37. ■ Blankart CR et al. (2011) Availability of and Access to Orphan Drugs: An International Comparison of Pharmaceutical Treatments for Pulmonary Arterial Hypertension, Fabry Disease, Hereditary Angioedema and Chronic Myeloid Leukaemia, *Pharmacoeconomics*, 29(1): 63-82.



Dr. Katharina Fischer, Junior Research Group for Pharmacoeconomics

After studies in economics at the Ludwig-Maximilians-University Munich, Dr. Fischer became a research assistant at the Institute of Health Economics and Health Care Management at Helmholtz Center Munich in 2008. Since 2012, she has been researching at HCHE. Her research analyses the impact of policy measures that target the pharmaceutical market in Germany on patients, goal attainment, budget impact and providers. Dr. Fischer was awarded the 2013 Research Prize of the Society for Health Policy and Law (GRPG) for her dissertation „Empirical Analyses of Coverage Decision - Making on Health Technologies“.

Selected Publications:

Fischer KE (2012) A Systematic Review of Coverage Decision-Making on Health Technologies—Evidence from the Real World, *Health Policy*, 107(2-3): 218-30.
Fischer KE et al. (2011) A Structured Tool to Analyse Coverage Decisions: Development and Feasibility Test in the Field of Cancer Screening and Prevention, *Health Policy*, 101(3): 290-299. ■ Fischer KE (2012) Decision-Making in Healthcare: A Practical Application of Partial Least Square Path Modelling to Coverage of Newborn Screening Programmes, *BMC Medical Informatics and Decision Making*, 12(1): 83.



Assistant Prof. Dr. Vera Hinz

Assistant Professor of Hospital Management

Prof. Hinz studied business administration at the University of Mannheim. After working as a research assistant at the University of Mannheim, she joined the Universität Hamburg and HCHE in 2012. Her research interests include the empirical assessment of the behavior and performance of service providers with a special focus on hospitals.

Selected Publications:

Hinz V et al. (2013) Does Ownership Matter Under Challenging Conditions? – On the Relationship between Organizational Entrepreneurship and Performance in the Healthcare Sector, *Public Management Review*, online first. ■ Helmig B, Hinz V et al. (2010) The Impact of Working Time Models in Medical Services of Hospitals, *Journal of Business Economics (Zeitschrift für Betriebswirtschaft)*, 80(3): 263-284



Prof. Dr. Mathias Kifmann

Chair of Health Economics and Social Policy

Prof. Kifmann holds the Chair of Health Economics and Social Policy at the Department of Socioeconomics of the Universität Hamburg since 2011. His teaching and research focuses on health economics and the economics of the welfare state. His research interests include the optimal design of health insurance and pensions as well as the financing and design of social health insurance systems. He has written the textbook Health Economics together with Friedrich Breyer and Peter Zweifel.

Selected Publications:

Kifmann M et al. (2011) Premium Subsidies and Social Health Insurance: Substitutes or Complements?, *Journal of Health Economics*, 30(6): 1207-1218. ■ Kifmann M et al. (2011) Optimal Cost Reimbursement of Health Insurers to Reduce Risk Selection, *Health Economics*, 20(5): 532-552. ■ Kifmann M (2010) The Design of Pension Pay Out Options when the Health Status during Retirement is Uncertain, *Journal of Public Economic Theory*, 12(1): 127-149.



Dr. Alexander Konnopka

Junior Research Group for Methods of Health Economic Evaluation

Dr. Konnopka studied medicine and economics. He was an assistant researcher at the University of Leipzig until 2010. Since then, Dr. Konnopka is associated with the Chair of Health Services Research and Health Economics at UKE. Since 2011 he has been the leader of the Junior Research Group "Methods of Health Economic Evaluation". His research emphasizes on empirical and model supported illness analyses and cost-effectiveness analyses.

Selected Publications:

Konnopka A et al. (2011) Health Burden and Costs of Obesity and Overweight in Germany, *The European Journal of Health Economics*, 12(4): 345-352. ■ Konnopka A et al. (2008) Cost Effectiveness of the Determination of Autoantibodies Against Cyclic Citrullinated Peptide in the Very Early Diagnosis of Rheumatoid Arthritis, *Annals of the Rheumatic Diseases*, 67(10): 1399-1405. ■ Konnopka A et al. (2007) The Direct and Indirect Costs Attributable to Alcohol Consumption in Germany, *Pharmacoeconomics*, 25(7): 605-618.



Prof. Dr. Hans-Helmut König

Chair of Health Services Research and Health Economics

Prof. König has completed an interdisciplinary study of medicine and economics, which has qualified him in a special way for research in health economics. He is the director of the Institute for Medical Sociology, Social Medicine and Health Economics at the University Medical Center Hamburg-Eppendorf.

Selected Publications:

König HH et al. (2009) Comparison of Population Health Status in Six European Countries: Results of a Representative Survey Using the EQ-5D Questionnaire, *Medical Care*, 47(2): 255-261. ■ König HH et al. (2009) Cost-Effectiveness of an Optimised Care Model for Patients with Anxiety Disorders in Primary Care, *The British Journal of Psychiatry*, 195(4): 308-317. König HH et al. (2009) Utility Assessment in Patients with Mental Disorders: Validity and Discriminative Ability of the Time Trade-off Method, *Pharmacoeconomics*, 27(5): 405-419.

HCHE Core Members



Prof. Thomas Siedler

Chair of Economics, in particular Microeconometrics

Prof. Siedler holds the Chair of Economics, in particular Microeconometrics at the Universität Hamburg since 2012. His teaching and research focuses on empirical health economics, labor economics, and family economics. His research in health economics is mainly in the area of risky health behavior such as smoking and drinking alcohol. Thomas Siedler is also affiliated with the German Socio-Economic Panel (SOEP) at DIW Berlin and the Institute for Social and Economic Research (ISER) at the University of Essex.

Selected Publications:

Siedler T et al. (2013) Meet the Parents? Family Size and the Geographic Proximity between Adult Children and Older Mothers, in print. ■ Siedler T et al. (2011) One last Puff? Public Smoking Bans and Smoking Behavior, *Journal of Health Economics*, 30(3): 591-601. ■ Siedler T et al. (2010) The Effect of Lone Motherhood on the Smoking Behaviour of Young Adults, *Health Economics*, 19(11): 1377-1384.



Prof. Dr. Tom Stargardt

Chair of Health Care Management

Prof. Stargardt holds the Chair of Business Administration at the Universität Hamburg since the beginning of 2012, focusing on the management of health care. He studies the connections between political measures in the pharmaceutical market and the conduct of businesses in the health care market, the effects on the public and their health, and the expenditures of the health care system. In addition, he also works in the area of health economic evaluation.

Selected Publications:

Stargardt T et al. (2013) Measuring the Relationship between Costs and Outcomes: The Example of Acute Myocardial Infarction in German Hospitals, *Health Economics*, accepted & in print. ■ Stargardt T et al. (2012) Effectiveness and Cost of Atypical Versus Typical Antipsychotic Treatment in a Nationwide Cohort of Schizophrenic Patients in Germany, *Journal of Clinical Psychopharmacology*, 32(5): 602-607. ■ Stargardt T (2011) Modeling pharmaceutical prices in Germany as a function of competition and regulation, *Applied Economics*, 43(29): 4515-4526.

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We thank you for your interest and hope to have provided you with an inspiring overview of the Hamburg Center for Health Economics, its research and people.

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