## PCSI School - "Design and Implementation of Activity Based Funding" April 28 - May 2, 2014 Lisbon, Portugal

## **Faculty Biographies**

**Stephen Duckett** is Director of the Health Program at the Grattan Institute. He is also a professor in the School of Public Health, University of Alberta in Canada and at La Trobe University in Australia. From 2009 to 2010 he was President and Chief Executive Officer of Alberta Health Services, Canada's largest health care provider. He was Secretary (Deputy Minister) of the Australian Health Department from 1994-1996. He has a reputation as a policy innovator in areas such as hospital funding (introduction of activity-based funding for hospitals) and quality (new systems of measurement and accountability for safety of hospital care). He has also had a distinguished academic career, elected a Fellow of the Academy of the Social Sciences in Australia in 2004.

Janette Green is Principal Research Fellow (Applied Statistics) at the Australian Health Services Research Institute, University of Wollongong. In this position, she has undertaken projects in classification development, costing, benchmarking, outcome measurement and program evaluation, utilising national and international data from a variety of sources, including primary health, disability, community care, emergency department, rehabilitation and palliative care. She undertook the statistical analysis and class finding for all versions of the Australian National Subacute and Non-Acute Patient Classification (AN-SNAP) and has developed casemix classifications in a number of other areas such as disability, mental health and sexual health. More recently she has managed a team of statisticians in a number of projects, including the development of Version 7 of the Australian Refined Diagnosis Related Groups (AR-DRGs), in conjunction with ICD-10-AM/ACHI/ACS Eighth Edition, for release for implementation in 2013. Her background is in mathematical statistics and she has taught a variety of statistics subjects at undergraduate and postgraduate levels.

**Jeff Hatcher** is a senior consultant with the Canadian Institute for Health Information (CIHI) where he currently leads the activity-based funding unit responsible for assisting funders in the design, implementation, monitoring and evaluation of activity-based payment systems and in the application of CIHI's casemix classifications. He has also worked extensively on the development and refinement of CIHI's casemix classifications and cost weight methodologies. His casemix career began in 2002 when he joined CIHI. Jeff is a statistician and economist by training and has worked as a statistician for over 20 years.

Conrad Kobel is Research Fellow (Applied Statistics) at the Australian Health Services Research Institute, University of Wollongong. There, he primarily contributes to the ongoing research and development of case mix systems in Australia, feeding into the national activity based funding program. Previously, he worked as a research fellow at Innsbruck Medical University in Innsbruck, Austria. There, he was a key researcher in the EuroDRG project, which compared multiple aspects of several European DRG systems. Within the project, Conrad primarily contributed to the methodological framework of the empirical analyses. In addition, he supported clinical research with statistical analyses and taught applied statistics to medical students. Conrad has studied mathematics and financial mathematics in Germany and Sweden and has completed the Doctoral Program in Social and Economic Sciences (main focus on health economics) at Innsbruck University in Austria.

Céu Mateus Céu Mateus is Assistant Professor of Health Economics at the National School of Public Health at University Nova of Lisbon. She worked for the Institute of Management and IT (Ministry of Health) in the Department of Information Systems Development from 1995 until 2000, where she was the Executive responsible for the Financing System/Classification System in Diagnoses Related Groups. She worked in the development and improvement of the funding model for NHS hospitals in what concerns inpatient care and, at the same time, was a member of the team that was being developing a capitation model for resource allocation in primary health care. She is currently undertaking studies of inequalities in the treatment in hospital care and variations in clinical practice. She was President of Patient Classification Systems International from 2002 until 2009. She is the President of the Portuguese Association of Health Economics since 2011.

Nigel Michell has worked in the healthcare sector for over 30 years in a mixture of clinical, administrative and information technology positions. He has tertiary qualifications in Health Administration and Computing and has worked for Australian governments in casemix related positions. He has been involved with patient costing for over 20 years using a range of products from the Yale Cost Model to large American systems. He has worked extensively in this field and has been responsible for implementing these systems and/or undertaking Patient Costing Studies in Australia, New Zealand, United States of America, Dubai, United Arab Emirates, United Kingdom and Ireland. Nigel has worked for PowerHealth Solutions, an Australian company that develops and markets Patient Costing and Revenue systems, as a consultant for the last 15 years. He is currently a Director with PowerHealth Solutions and is based in the United Kingdom.

Julian Pettengill is a consultant working for the Medicare Payment Advisory Commission (MedPAC), an agency that advises the U.S. Congress on policy issues related to the Medicare program for the aged and disabled. Julian has worked for 35 years on design, implementation, monitoring, and evaluation of the Medicare hospital inpatient prospective payment system and several other Medicare prospective payment systems. Before retiring from the U.S. government, Julian was a Research Director for many years on MedPAC's staff. He has written about a wide range of payment policy topics, including MedPAC's payment policy framework, case-mix measurement, input price adjustment, outlier payment, and other policies for hospital inpatient care. Most recently, he has focused on how to measure and adjust for the payment effects of hospitals' diagnosis documentation and coding improvements in response to the adoption of Medicare severity DRGs (MS-DRGs). Prior to joining MedPAC, Julian was a Senior Policy Analyst for the Congressional Research Service and the Centers for Medicare and Medicaid Services where he developed and analyzed methods and policies for Medicare's hospital inpatient prospective payment system.

**Eileen Robertson** is an economic adviser in the Payment by Results (casemix funding) team of the Finance, Performance and Operations Directorate within the English Department of Health. Her responsibilities cover casemix development and pricing policy, including work on Best Practice Tariffs. She has worked on casemix funding policy for the English National Health Service (NHS) since the early days of implementation. She has previously worked on a range of issues within the department including primary care, spending review, resource allocation and workforce planning. Prior to joining the Department of Health, Eileen worked as a health economist at the University of Kent (Personal Social Service Research Unit), and at the York Health Economics Consortium undertaking research and consultancy for the NHS.

Andrew Street is a Professor of Health Economics and Director of the Health Policy team in the Centre for Health Economics at the University of York. He is also Director of ESHCRU, the Economics of Social and Health Care Research Unit, a new collaboration between the Universities of York, Kent and London School of Economics. Andrew's research covers measurement of health system productivity, evaluation of hospital funding mechanisms, analysis of organisational efficiency, and critical appraisal of health policy. He serves on various academic and government committees and is an editor of the Journal of Health Economics.