

*Incentivising doctors*

*Self-control and nudging*

*Effects of antidepressants*



*Portfolio of project proposals*

## **Preventive behavior, treatment effectiveness and supplier incentives**

COHERE has a large number of ongoing projects, as well as projects in pipeline. Here we list three examples of the latter. All three projects address timely and highly policy relevant research questions. Also, the projects demonstrate the span of COHERE research; from the evaluation of new methods of primary prevention as well as current treatment practices, to measuring the health impact of organisational features of the health care system.

### **Can doctors be incentivised to improve quality and equity?**

*Associate Prof. Kim Rose Olsen*

Due to an increased specialization in the hospital sector and demographic changes, the general practitioners (GPs) face an increasing number of senior citizens and patients with multiple diseases. Timely and high quality service delivery of GP services is therefore of vital importance. This project looks at what drives the general practitioner behavior, and the consequences for patient health outcomes of these behavioral patterns. GP behavior has attracted some attention in the research literature, but there has been little focus on health consequences. This project seeks to fill this gap by analyzing causal relations using natural variations in exposures due to the introduction of new policy initiatives coupled with high quality registry data. We look at the impact of “data cap-

ture” on the quality of treatment and health outcomes, and whether the introduction of specific changes in financial incentives has changed service patterns and health outcomes. We supplement our analyses of natural field experiments with laboratory experiments looking at the extent to which inequality in access to health care is reduced by introducing risk adjusted per capita payments versus targeted payment for performance.

### **Time preferences and preventive health behavior**

*Associate Prof. Morten Raun Mørkbak*

Individual health related behaviors are important health determinants. According to the WHO, non-adherence to health recommendations is a major obstacle to the effective delivery of health care. In behavioral economics it is acknowledged that while people may have some underlying preference for maximizing own welfare, these are not coherently acted upon. A potential failure of rationality is lack of self-control, which relates to procrastination – or so-called time-inconsistent behavior. This project aims to investigate whether individuals do exhibit time inconsistent behavior, and whether this behavior is associated with health related life-styles. In collaboration with Fitness.dk, we test whether discrepancies between planned visits to the gym and actual

visits to the gym can be explained by time preferences. Further, using randomized controlled trials we test for any impact of “nudging” schemes on attendance to the gym, to verify whether those with higher self-control problems have more to gain from “nudging” interventions.

### **Impact of antidepressant use on individuals and families**

*Associate Prof. Meltem N. Daysal*

Depression is an important public concern in Denmark with 15% of the population diagnosed with depression at some point in their life-time. Antidepressant medications are commonly used in the treatment of depression and their use is increasing over time. Moreover, the treatment is becoming especially prevalent among adolescents. In the Danish media it is recurrently debated whether the level of antidepressants is appropriate and especially if children and adolescents have any benefits from treatment. This project contributes to this debate. Using the variation in prescription patterns across GPs and the high quality registry data available, we analyse the short and long impact of antidepressant use amongst children and adults. We analyse the effects on educational outcomes, labor market outcomes, family formation, fertility and delinquency. We also look at spillover effects within the family.

*Delivery of health care*

*Health related behaviours*

*Equity in health and access  
to health care*



*Research profile*

## **COHERE — Centre for Health Economics Research**

The health economics research at COHERE applies economic theory and methods to issues related to health and the provision of health care services. The research projects are founded in microeconomics, econometrics, accounting and management science. COHERE aims to generate evidence that can guide policy makers and ultimately lead to welfare gains.

### **Resource optimization in the health care sector**

This applies not least to the aim of improving the understanding of how financial and non-financial incentives influence the behaviour and performance of the health care sector. We examine the implications of reimbursement systems on the behaviour of public and private health care providers, and the effect of co-payment on demand for services and procurement of medicines. We focus on identifying and extending methods developed in classical production planning to

accommodate improved performance of hospitals, and use existing – and develops new – methods of measuring productivity and efficiency in the primary and secondary health care sectors. COHERE also focuses on methodological issues and practical applications of economic evaluations of clinical, organizational and policy initiatives in healthcare.

### **Understanding citizen's health related behavior**

Poor health is often a consequence of an unhealthy life-style. Many individuals have self-control problems. Even though they wish to live a healthier life, they find it difficult to make the required everyday changes. Using theories of behavioral economics COHERE focuses on choices relating to healthy life-style, healthy food choices, and consumption of health care services. We seek to improve the understanding of actual behaviors of citizens and patients, and the barriers they face. We study the effect of

“nudging” initiatives to test whether making the right choices easier can lead to significant improvements in life-style and health.

### **Equity in health and health care**

Today's health care systems are under pressure, and there is an increasing need to prioritize across patients. Moreover, there is a socio-economic gap in health related life-style. COHERE focuses on inequalities in health, inequalities in access to health care services, fairness in health care rationing, and the incorporation of these concerns in the economic evaluation of health care programs. COHERE seeks to refine the methods for measuring the benefit from treatment and for assessing the health-related wellbeing of a population, and to develop new tools for making priorities in the health care system.

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*Centre leader profile*

### **Dorte Gyrd-Hansen**

Professor Dorte Gyrd-Hansen has conducted health economics research for 25 years, and has +120 peer-reviewed publications.

Dorte is devoted to providing leadership and guidance to younger researchers, and has expansive experience in research leadership, nationally and internationally.

She held a professorship at University of Queensland, and was on the board of

directors of the International Health Economics Association. She has also been a member of the Arrow Award committee, which annually nominates the best health economic journal publication of the year. On the national scene, she has (e.g.) been a member of the Danish Council of Strategic Research.

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