

**PCSI 2012 Casemix Winter School**  
*“Design and Implementation of Activity Based Funding”*

**Faculty Biographies**

**Stephen Duckett** is a professor in the School of Public Health, University of Alberta. 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.

**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.

**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.

**Stephen Sutch** has a special interest in worldwide developments in Patient Classification and its application in health planning, funding and resource allocation. He began working in the English NHS in 1987 as an Operational Research consultant, modeling hospital and NHS systems. In 1991, he moved to Wales to manage the investigation of casemix, its introduction, advising the Welsh Health Department and providing a range of casemix services to hospitals and authorities. In 1994, he moved to the national casemix office in England, managing the Analytical and Statistics department supporting the development of case-mix groupings (Healthcare Resource Groups) in England and Wales until 2004, and as Principal Case-mix Consultant was responsible for leading the design of case-mix groupings for England. Steve lectures and provides consultancy worldwide on case-mix development and health informatics and is currently undertaking research at Johns Hopkins University.

**Jason M. Sutherland** is an Assistant Professor in the Center for Health Services and Policy Research (CHSPR) at the University of British Columbia's (UBC) School of Population and Public Health. Dr. Sutherland's projects include development of methods for quantifying hospital utilization and expenditure patterns, adjusting for hospital input price differences and accounting for differences between hospital patient populations. In relation to hospital spending analyses, important aspects include the development of methods to measure efficiency, access to care and quality of care. Dr. Sutherland is also involved in developing policy options and strategies for equitably funding hospitals within health systems. Dr. Sutherland's research interests include evaluation of case mix methods, risk adjustment and hospital funding policy. Prior to joining UBC, Dr. Sutherland was a faculty member at Dartmouth College's Dartmouth Institute for Health Policy and Clinical Practice.

**Miriam Wiley** is Head of the Health Policy and Information Division at the Economic and Social Research Institute, Dublin where she manages a number of health information systems for Ireland on behalf of the Department of Health and Children. She has over 20 years experience of working on case mix related issues and was instrumental in the implementation of a case-mix adjustment for funding hospital services in Ireland. In addition she has worked on a wide range of projects for many national and international organisations, including the European Commission, the Council of Europe, the Organisation for Economic Cooperation and Development, the World Bank, the World Health Organisation and the US Office of Technology Assessment.