Erratum

Finally, the current analysis based only on the reference system for reimbursement; we did not consider the pricing law. The maximum price in The Netherlands is constrained by this law, which means that the maximum price depends on the average price of a drug in the neighboring countries of The Netherlands: Germany, Belgium, United Kingdom, and France. Hence the price for AD resulting from the AHP analysis may be adjusted downwards when the price law is taken into consideration.

The conclusion is that the AHP concept may be applied to the pricing and reimbursement environment, and that it may be used for an assessment of the pricing potential of a new drug. Further research is required to explore in more detail the methodological considerations which we address.

Corresponding author

Mark J. C. Nuijten

MEDTAP International, Dorpsstraat 75, Jisp, 1526 LG Amsterdam, The Netherlands e-mail: nuijten@medtap.nl

Conflict of interest: No information supplied.

References

- 1. Drummond MF et al (1999) Current trends in the use of pharmacoeconomics and outcomes research in Europe. . Value Health 2:323–332
- 2. Saaty TL (1980) The analytical hierarchy orocess. McGraw-Hill: New York
- Nuijten MJ (2001) Assessment of clinical guidelines for continuation treatment in major depression. Value Health 4:281-294
- 4. Anonymous (2000/2001) Farmacotherapeutisch Kompas. CVZ: Amstelveen

Eur J Health Econom 2004 · 5:115 • DOI 10.1007/s10198-004-0239-0 Published online: 12. May 2004 • © Springer-Verlag 2004

Kathryn M. Antioch^{1,2} · Michael K. Walsh^{1,2}

- ¹ Bayside Health, The Alfred Hospital, Melbourne, Australia
- ² Department of Epidemiology and Preventive Medicine, Faculty of Medicine, Monash University, Melbourne, Australia

The risk-adjusted vision beyond casemix (DRG) funding in Australia International lessons in high complexity and capitation

Eur J Health Econom (2004) 5:95-109

Unfortunately there were errors in the footnotes and in table 3. The correct versions are shown below. The correct equation in the footnote is:

1. Consideration of the relative financial disadvantage of The Alfred vis a vis other teaching hospitals and the size of any other Risk Adjusted Specified Grants for other teaching hospitals can be further explored using the following formulae in the case of the COPD DRG, where severity markers are included in the equation, along with teaching hospital dummy variables for each teaching hospital and all other variables. This specification can be used to explain why certain hospitals are more expensive than others, and to understand whether some factors systematically vary, or are the same, across all hospitals.

 $Y = \beta_0 + \beta_{11} D_1 BR + \beta_{12} D_1 LPA$

 $+\beta_{13}*D_1HLT+\beta_{14}*D_1LT+\beta_{15}*D_1BIPAP+\beta$ 16 *D₁LVF+β₁₇ * D₁AGE

 $+\beta_{18}*D_1SEX+\beta_{19}*D_1PROC$

 $+\beta_{110}*D_1DIAG+\beta_{111}*D_1DISEASE$

TYPES+ β_{112} *D₁COMPLEX

 $+\beta_{113}*D_1OUTLIER+\beta_{114}*D_1EMERG$

 $+\beta_{21}*D_2BR+\beta_{22}*D_2LPA+\beta_{23}*D_2HLT$

 $+\beta_{24}*D_2LT+\beta_{25}*D_2BIPAP$

 $+\beta_{26}*D_2LVF+\beta_{27}*D_2AGE+\beta_{28}*D_2SEX$

 $+\beta_{29}*D_2PROC+\beta_{210}*D_2DIAG$

 $+\beta_{211}*D_2DISEASE TYPES$

+β₂₁₂*D₂COMPLEX

 $+\beta_{213}*D_2OUTLIER+\beta_{214}*D_2EMERG$

 $+...\beta_{N_1}*D_NBR+\beta_{N_2}*D_NLPA$

 $+\beta_{N_3}*D_NHLT+\beta_{N_4}*D_NLT$

 $+\beta_{N_5}*D_NBIPAP+\beta_{N_6}*D_NLVF$

 $+\beta_{N_7}*D_NAGE+\beta_{N_8}*D_NSEX$

 $+\beta_{N_9}*D_NPROC +\beta_{N_{10}}*D_NDIAG$

 $+\beta_{N_{11}} *D_NDISEASE TYPES$

 $+\beta_{N_{12}}*D_{N}COMPLEX$

 $+\beta_{N_{13}}*D_{N}OUTLIER$

 $+\beta_{N_{14}}*D_NEMERG+E$

Where:

Y = Per patient costs

 $b_0 = Y$ intercept

b_{ii} = Array of coefficients, one set for each of i hospitals, for j explanatory variables

- D₁BR = Dummy variable bronchiectasis teaching hospital D1 = 1, other = 0
- $D_1LPA = Dummy variable lung part absence teaching$ hospital D1 = 1, other = 0
- D₁HLT = Dummy variable heart and lung transplantation teaching hospital D1 = 1, other = 0
- $D_1LT = Dummy variable lung transplantation teaching$ hospital D1 = 1, other = 0
- D₁BIPAP = Dummy variable Bilevel Positive Airway Pressure (BIPAP) teaching hospital D1 = 1, other = 0
- $D_1 LVF = Dummy \ variable \ Left \ Ventricular \ Failure$ teaching hospital D1 = 1, other = 0
- $D_1AGE = Patient age, teaching hospital D1 = 1$
- $D_1SEX = Dummy variable 1 if male,$ other = 0 (gender of patient) teaching hospital D1
- $D_1PROC = Number of procedures at teaching hospital$
- D₁DIAG = Number of diagnoses at teaching hospital
- $D_1DISEASE TYPES = Number of body systems at$ teaching hospital D1
- $D_1COMPLEX = Dummy variable at teaching hospital$ D1, 1 if patient classified as high complexity case (PCCL) level 4,0 if 3
- $D_1 OUTLIER = Dummy \ variable \ at \ teaching \ hospital$ D1, 1 if patient an outlier on length of stay, otherwise 0
- $D_1EMERG = Dummy variable at teaching hospital D1,$ 1 if patient admitted through emergency department, otherwise 0

Table 3 shown on page 10 of the version published online has excluded (by typographical error) the regression findings for DRG E 62A in one row, which should read as follows:

CostPP=6950 (β_0) -70 (Age) +14070 (Outlier) +1440 (Procedures) + E

Corresponding author

Kathryn M. Antioch

Bayside Health, The Alfred Hospital, Commercial Rd Prahran, 3181 Melbourne, Victoria, Australia e-mail: K.Antioch@alfred.org.au

The online version of the original article can be found at http://dx.doi.org/10.1007/ s10198-003-0208-z