

*Bios of PCSI presenters for the Icelandic
Casemix/Activity Based Funding Seminar
March 31 and April 1, 2022*

Kristiina Kahur



Kristiina is an MD and Master of Public Health from Estonia (University of Tartu) and the CEO of Nordic Casemix Center which manages the NordDRG system in cooperation with NordDRG user countries and is based in Helsinki, Finland. She works as well for a Finnish Consulting Group on maintenance of national casemix systems used in hospital and primary health care in Finland.

As an international consultant she has been providing assistance in different countries, as Moldova, Kyrgyzstan, Georgia, Latvia, Ukraine, Kuwait, Belarus, Azerbaijan, South-East Asia countries and Estonia in cooperation with WHO, World Bank and other organisations.

Previously (1997–2012) she worked in different positions in Estonian Health Insurance Fund (e.g. senior health economist, head of the unit of budgeting and contracting).

Kristiina has extensive experience in implementation and development of casemix systems as well as in assessment and development of DRG grouping logic, monitoring and analysing the indicators related to the DRG system, use of primary classifications/coding systems, the assessment and improvement of data quality by using different tools and methods, e.g. data-mining and analysis of database to detect potential data quality issues, developing an automated error detection system into claims management system and clinical coding audit programs.

She also has comprehensive knowledge of health systems, social health insurance, health care financing, contracting health care providers, strategic purchasing, selection of providers, as well as of use and development of different payment mechanisms.

Kristiina is a member of the Executive Committee of PSCI, which she joined in 2010.

Dana Burduja



Dana is part of the European Investment Bank's (EIB's) Projects Directorate, INCO Department, Life Sciences Division. In her capacity as Senior Health Economist, she leads the evaluation of EIB health sector investments, contributes to the appraisal of health and social sector projects and programmes, supports transversal EIB initiatives from a health sector perspective and builds partnerships with relevant local, regional, national and international actors.

Before joining the EIB, Dana worked with several international agencies (IFC, WB, USAID, WHO, SDC, etc.) both within Europe and in developing countries worldwide, designing, implementing and monitoring large-scale health reform programmes and projects. Dana is a medical doctor turned health economist, with more than 20 years' experience in

supporting health investments, health financing and funding, and providers' payment mechanisms; analysing, designing and implementing health systems' reform programmes (including health insurance systems); providing advisory services for public-private partnerships in health; and implementing public health programmes in priority areas of intervention.

Dana is the current President of the PCSI, a role she has held since 2016.

Jim Pearse



Jim is the Principal of Health Policy Analysis (HPA), an Australian-based firm consulting in health care policy and planning. He founded HPA in 2003 following a career working in health and social policy within the public sector in Australia, where he led the design and implementation of major reforms.

Jim has played a significant role nationally in Australia in activity-based funding, including developing funding models and classification systems, and costing. Before starting HPA, Jim led the introduction of activity-based funding as head of the branch of the New South Wales

Department of Health responsible for funding health services across the state. This included implementing classification systems across a range of service areas (for example, palliative care and rehabilitation as well as acute care), and establishing activity-based costing as routine across the New South Wales health system. As a consultant, Jim has worked on projects that have shaped activity-based funding in Australia. One of these was the Emergency Care Costing and Classification Study (ECCCS), which he designed and directed. The project costed emergency department activity across Australia and Jim developed the Australian Emergency Care Classification (AECC), which is now used for funding public hospital emergency departments across Australia. Jim also advised on the thresholds and approaches used in Australia for activity based funding of small (usually rural) hospitals. In aged care Jim recently developed the classification system for aged care at home. Jim has also costed and developed funding models for a wide range of other areas, including primary care, breast screening, dialysis, mental health, ambulance, sub- and non-acute care (palliative care, rehabilitation, psychogeriatric care and nursing home type care) and hospital in the home. In addition to his work in Australia, Jim has worked in several international health care systems, including the United Kingdom and the United States.

Jim was the 2000–01 Australian Harkness Fellow in Health Care Policy (a Commonwealth Fund initiative), where he spent a year at Johns Hopkins University on the project "Health-Based Risk Adjustment for Capitation Payment in the United States: Implications for Australia".

Jim's publications and research cover population-based resource allocation models, including the use of risk adjustment in capitation payment, the fiscal relationship between federal and state governments, activity-based funding and classifications, efficiency of hospitals, measurement of health system performance, and international comparison of health system performance. Jim teaches in PCSI's annual *Casemix and healthcare: What you need to know and do* (the casemix 'summer' school) in Avignon.

Prof. Dr. med. Michael Wilke



Michael Wilke is Professor for Hospital Management at the Medical School Hamburg (MSH) and CEO of inspiring-health GmbH, a Munich based private DRG-research institute and consulting company. He is a physician with clinical experience in surgery, intensive care and emergency medicine as well as a certified antimicrobial stewardship expert. After 10 years of clinical work he focused on hospital management and Health economy.

His primary research focus is health economy, especially the correlation between clinical outcomes and economic results. In this area he works with innovative technology companies from all over the world, that want to learn about the economic framework of their products in Europe. Another focus there are infectious diseases as he also is a member of the German Paul-Ehrlich Gesellschaft (PEG) and part of the committee that develops the guidelines on initial intravenous antibiotic therapy. He developed an 'infection grouper' that allows clinical analyses of infections using DRG routine data. He is member of PCSI since 2000.

He is active in DRG- development projects in Germany and other countries since 2000 and working with coding and casemix since 1994. His institute is conducting a major research project with the German Medical Society of Gastroenterologists, where the reflection of endoscopic services in the G-DRG system shall be optimized. He's conducting a costing study with 79 hospitals and develops recommendations for the InEK-institute in Germany.

With his team he is currently supporting the republic of Slovenia in the update and recalculation of their DRG system which was initially implemented in 2005 and undergone minor revisions in 2013–2014.

In 2012–2013 Michael was involved in an analysis of the healthcare system and hospital payment system in Kirgistan. In this project he developed recommendations to optimize health service provision and hospital payment in this country.

He was head of the DRG competence center in Munich Schwabing hospital from 2001–2004. During this time he conducted various national and international DRG research projects and was a member of the national DRG advisory board at the German ministry of health.

Before 2001 he was working as a clinician in surgery, anesthesia, intensive care and emergency medicine. Since 1993 he was working in various hospital reorganization projects as well as participating in budget planning.

Michael has been a member of the PCSI Executive Committee since 2017.

Deniza Mazevska



Deniza is a Director of Health Policy Analysis (HPA), an Australia-based consulting firm focused on evidence to inform policy. Deniza leads projects in health care involving casemix, safety and quality and evaluations of major government programs.

Before consulting, Deniza worked in senior positions in government in Australia. Between 2000 and 2003 she was the Manager, Casemix Policy, in the New South Wales Department of Health, where she was responsible for implementing casemix within the state, which included devising rules for funding, implementing and refining classification systems, activity based costing, and clinical coding and auditing. Between 2004 and 2005 she was the Director, Performance Analysis and Reporting Branch also in the New South Wales Department of Health where she was responsible for information systems underpinning performance and funding for the state.

Deniza is a Health Information Manager with expertise in clinical coding and classification systems. She has been involved in classifications development, costing and funding at state and national levels in Australia over two decades, including committees governing these functions. For example, she worked with the Australian Commission on Safety and Quality validating the code set used for pricing and funding safety and quality in Australia (that is, Hospital Acquired Complications or HACs).

Deniza has also been involved internationally in activity based funding. Between 2014 and 2015 she was the principal consultant for a project in the State of Qatar developing pricing, payment rules, classification, and coverage for a range of health care delivery areas (including acute admitted, subacute admitted, emergency, non-admitted specialists' visits, primary care, and home-based services). In 2018 and 2019 she collaborated on a project to implement DRGs in Ukraine, and since 2020 she has been involved in a project to refine the clinical coding systems used in the Kingdom of Saudi Arabia and to extend them to hospital outpatient and office-based services.

Deniza teaches in PCSI's annual *Casemix and healthcare: What you need to know and do* (the casemix 'summer' school) in Avignon. This builds on Deniza's academic career as a lecturer at Sydney University, where she taught casemix classifications and the use of these systems for funding, costing, quality and other uses to local and international students.

Deniza has been a member of the PCSI Executive Committee since 2014.