Bifogar ansökan om forskningsbidrag inklusive bilagor (projektbeskrivning, CV)

Med vänlig hälsning

Anders Anell, professor
Ekonomihögskolan, Lunds universitet
Ansökan om forskningsmedel
Observera att bilagor endast ska skickas elektroniskt till konkurrensverket@kkv.se

![Konkurrensverket Logo](image)

### 1 Sökande (huvudansvarig för projektet)

<table>
<thead>
<tr>
<th>Namn</th>
<th>Anders Ansell</th>
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<td>Postnr och ortsnamn</td>
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### 2 Anslagsförvaltare

| Universitet/högskola eller motsvarande | Lunds universitet |
| Institution                              | Företagsekonomiska institutionen |
| Postadress                              | Box 7050 |
| Postnr och ortsnamn                     | 220 07 Lund |
| Telefonnr (direktel inkl. riktnr)       |               |
| Postgiro                                |               |

### 3 Projektbeskrivning

**Projektet avses starta/startade, datum:** 2018-01-01  
**Projektet beräknas vara slutförd, datum:** 2020-12-31

Sammanfattning av projektets syfte, betydelse och genomförande (högst 1400 tecken).

**Ökad valfrihet har varit en ledstjärna i såväl svensk primärvård som internationell sjukvårdspolitik under det senaste decenniet. Fritt vårdval kan spora vårdgivare till kvalitetsförbättringar och leda till att patienter matchas med vårdgivare som bättre tillgodöser deras behov. Detta förutsätter dock att patienter har tillgång till information om kvalitetskriterier mellan vårdgivare, att de äger utifrån denna information när de väljer vårdgivare och att valet av vårdgivare påverkar sjukvårdskonsumtionen. Det finns stora kunskapsbrister beträffande om dessa grundläggande förutsättningar för ett valfungerande vårdval är upplysade. Projektets syfte är att undersöka hur information om vårcentralt kan användas för att förbättra matchningen och utveckla primärvårdens kvalitet.**

Projektet utnyttjar ett unikt datamaterial, där data från tre randomiserade fallexperiment kopplas till information om patienters bakgrund och vårdcentralval samt vårcentralers egenskaper. Vi undersöker om individer äger på tillgänglig information och söker sig till vårcentraler med hög kvalitet. Vi studerar också de längsiktiga effekterna på val av vårdgivare och vårdkonsumtion bland patienter som fått tillgång till individuellt anpassat information om olika vårcentraler. Genomgående analyseras om och hur informationsinsatser kan minska ojämlikheter i vård och hälsa.

Bifoga en utförligare projektbeskrivning (max 10 A4–sidor).

### 4 Kostnadsrelevans

Datum: 2017-01-30

Ansökan om forskningsmedel från Konkurrensverket
Fyll i de oförgade cellerna med för projektet gällande information, så uppdateras de förgade automatiskt. Ge akt på de felmeddelanden i rött som visas vid överträdelse av Konkurrensverkets riktlinjer för anslag till forskningsprojekt.

### Projekt 1

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Summa övriga kostnader (hämtas från tabell 4a): 90 000

Total kostnad inklusive sociala-, och förvaltningsavgifter: 970 250
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Observera! Summan av de övriga kostnaderna för något av åren överstiger den i riktlinjerna fastställda övre gränsen för övriga kostnader, med hänsyn till antalet projektmedlemmar samt deras akademiska titlar.

5 Kostnadssammanfattning (anges i kronor) för nu sökt anslag

Total återstående projektkostnad

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Tidigare erhållna anslag från

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*Aanslagsgivarens namn

FORTE

Ansökan intämnad, datum: 2017-01-31

Sökt belopp: 3 695 024 kr

**Anslagsgivarens namn

KEFU

Ansökan beviljad, datum: 2015-08-26

Beviljat belopp: 29 000

6 Övriga projekt som samtidigt kommer att ledas av huvudansvarig

Projekttitel: För att radbryta texten, använd Alt + Enter

Namn och institution på personer som beviljas forskningsbidrag kommer att publiceras på Konkurrensverkets webbplats.
Title:
Can better information about providers improve care choices? Information, choice of provider, and quality in primary care.

Introduction: Background, purpose, research questions
Patient choice systems have been introduced in many healthcare settings in recent decades [1]. In a healthcare system with fixed prices, patient choice could in theory lead to increased quality competition among providers and better matching of patients and providers. However, the available empirical evidence does not indicate substantial quality improvements due to increased freedom of choice [2, 25]. There are many potential explanations for the lack of impact. Restricting attention to explanations related to the demand side of the market, it is conceivable that patients place higher value on other aspects than observable quality indicators [3], or that they are uninformed about quality differences between providers [4]. It is also possible that the choice of provider has no major impact on patients' care consumption patterns, or that the lack of effects on aggregate quality hides heterogeneous effects on different socioeconomic groups. To examine the role of these explanations, the project in this proposal consists of two parts: first, we will examine the role of quality as a determinant of demand for primary care. Second, we will elaborate on the implications of information frictions on the demand side: how increased access to information about providers affects patients' care consumption and choice of provider, and how the effects differ over socioeconomic strata and other individual characteristics.

The proposed project will address the following research questions:
- Q1: Is provider quality a determinant of patients' choices of primary care provider, and how important is quality compared to distance and other provider features?
- Q2: If patients are supplied with comparative information about providers:
  a. Does the information affect patients' choice of provider?
  b. Does the information affect patients' healthcare utilization?
- Q3: How do patients' socioeconomic status, gender, and foreign background affect the answers to Q1-Q2?

We are in an excellent position to research this area. The research group combines exceptional institutional knowledge of Swedish primary care with expertise in quantitative evaluation and health inequalities. Our data provides a unique opportunity to study the research questions. To provide evidence-based and policy-relevant knowledge, the project exploits three already implemented or planned randomized field experiments, the first of their kind in primary care in any country. A major strength of the proposal is that it capitalizes on the advantages of field experiments in combination with detailed register data at large scale.

The first part of the project utilizes an already compiled dataset on the primary care provider choices of a large sample of the population in Skåne. The sample was selected in a previous project (funded by, e.g., Konkurrensverket), in which we found that individuals became more likely to switch primary care provider when information frictions were reduced via a randomized information campaign [26]. The second part of the proposed project extends the previous analysis by considering the long-term impacts
Projektbeskrivning: Information, choice of provider, and quality in primary care.

on choices and care consumption, and by examining differences in impact by socioeconomic status, gender, and foreign background.

The project will yield useful insights for the development of patient choice systems and primary care quality. If demand is inelastic with respect to quality – that is, if patients’ do not respond to quality differences by switching to high-quality providers – then patient choice is not an efficient policy to stimulate quality improvements. It is thus of high policy-relevance to examine if patients choose providers based on quality measures, and the importance of quality measures compared to other aspects, e.g., the patient’s travel distance to providers (Q1). The project also makes a scientific contribution, as there are only a few previous studies on the determinants of the choice of primary care provider [1, 5, 6]. We will provide the first evidence from Sweden.

By examining the importance of information frictions on the demand side, the project will further explore the opportunities of improving the functioning of patient choice systems via increased access to comparative information about providers. Due to the importance of continuity in the patient-physician relationship [7, 8], the scope for shopping around to learn about primary care provider quality is limited. Healthcare authorities – in Sweden and abroad – are responsible for supplying information about providers, but Swedish county councils have been criticized for how they provide such information [9]. Although there is plenty of information about primary care providers online, few patients use this source of information [4, 16]. This may relate to information frictions in the form of time/effort costs of actively searching for the information.Acknowledging existing differences in health literacy [27], such frictions may further differ between socioeconomic groups, creating equity concerns. As the incentives for primary care providers to engage in quality improvements depend on patients’ ability to identify and choose high-quality providers, it is essential to know if, and how, patients’ are able to make informed choices. If not, healthcare authorities need to take more responsibility for quality improvements. But if health authorities can use information campaigns to help patients to make active and informed choices, the functioning of patient choice systems can be improved at a relatively low cost. Describing the heterogeneity in the response to reduced frictions is crucial in order to guide policy on how to tailor information campaigns to specific groups. Health authorities may use such knowledge to tailor information to relevant patient groups, in order to increase the quality of care in general and to reduce socioeconomic inequalities [10, 11].

The proposal proceeds as follows. Next, we discuss how this project relates to and extends the previous project. Then, we discuss how the proposed project adds to the related literature and detail the study design, data and methods. Finally, we briefly describe the budget, the research group and environment, and plan for dissemination.

Relation to previous projects with Region Skåne funded by Konkurrensverket
This proposal builds on a previous project funded by Konkurrensverket (Dnr: 316/2013). In the original research plan of the previous project, we set out to study Q2a using an information campaign directed to residents of three large cities in Skåne. During the course of the project, we were able to raise ambitions by directing the campaign to a sample representative of the whole population in Skåne, and by
implementing an additional campaign directed to new residents in the region. The extensions were feasible due to additional funding from KEFU, Crafoordska stiftelsen, and Region Skåne.

The project in the new proposal uses data from these information campaigns and from a third similar campaign, which is going to be directed to expectant parents about to choose a child health center (barnavårdscentral). All three campaigns are designed as field experiments, and have been planned jointly by the research team and Region Skåne. The campaigns consist of mailed-out leaflets from Region Skåne, which contains comparative quality information about a few primary care providers that are relevant for the individual (i.e., located closely to the individual’s current or default provider). Combined with existing information on provider characteristics, our register data on individuals’ provider choices gives a unique opportunity to study determinants of this choice (Q1), and how the information campaigns affect individuals’ choices and health care consumption (Q2). With rich register data on individual characteristics, the dataset also allows us to examine systematic differences in response to the campaigns across socioeconomic groups, genders, etc. (Q3).

In the previous project, we have conducted initial analyses of Q2a for the first two information campaigns. Both campaigns significantly increased the propensity to change primary care center. The impact was larger for new residents, and for individuals who had an alternative care center relatively near their home [26]. We now apply for funding to further the analysis of the experiments in several respects. First, the new project will address research questions Q1, Q2b, and Q3, neither of which was addressed by the previous project. Second, the new project will extend the analysis of Q2a by examining the generalizability to a new population group (expectant parents), and by studying the long-term impact and spillover effects within households of the first two information campaigns. Third, we have so far only looked at individuals’ registration patterns, not their actual care contacts. The new project will test if the information actually made individuals visit other providers than they would have done otherwise.

**Scientific contributions of the project**

The literature on information, choice of provider and healthcare use is mainly based on observational data. Causal evidence is scarce in general and lacking for all our research questions. Our randomized field experiments therefore provide valuable causal evidence. Below, we summarize the contributions in relation to each question.

**Q1: Is provider quality a determinant of patients’ choices of primary care provider, and how important is quality compared to distance and other provider features?**

The literature on the determinants of patients’ choice of primary care provider is very small [1, 5, 6]. There is, in particular, a lack of evidence with respect to how patients value quality, and how quality is traded off against other aspects. Previous studies from the United Kingdom (UK) indicate that distance to providers is important, but that patients also value quality, as measured by an index of publicly reported quality indicators [1, 5]. We provide the first evidence from a new institutional setting, Sweden. Compared to UK studies, we are in better position of measuring determinants of patients’ demand, as we have detailed data on the distances between patients and providers. We also have access to multiple quality measures. Examining several quality measures is important, as primary care is decidedly
Projektbeskrivning: Information, choice of provider, and quality in primary care.

multidimensional and what is an important service for one patient does not have to be important for another. As an improved matching between patients and providers is an important rationale for patient choice, it is crucial to know whether patients are able to find providers that suit their preferences and needs. Last but not least, our randomized experiments provide the first causal evidence of how patients' valuations of provider features change when they receive comparable quality information.

Q2: If patients are supplied with comparative information about providers:
   a. Does the information affect patients’ choice of provider?
   b. Does the information affect patients’ healthcare consumption?

The literature on public reporting of comparative information about providers has in general found small impacts on patients' choice of providers and health outcomes [12-14]. Most of this literature is non-experimental and examines information that is provided online, rather than directly supplied to patients. Across healthcare settings and countries, few patients actively search for and use comparative information before they make their choice of provider [15]. Information provided online thus differs crucially from the information campaigns in Region Skåne, which were directly mailed to individuals and thus eliminated the requirement of actively searching for information. A few similar experiments of mailed out information leaflets in related markets – such as health insurance, prescription drug plans, and schools – have found conflicting results on consumer choices, ranging from large and positive to null effects [17-21].

From the education literature, there is some evidence that more information may lead to better educational outcomes via better choices. Specifically, a US study [21] finds that students who received information about school-level test performance and therefore selected into schools with higher average test scores later got higher tests scores themselves.

In relation to Q2a, our project is among the first randomized field experiments relating increased access to information to patients' choice of care provider. The few similar experiments of mailed out information leaflets focus on choices of health or drug plans of poor or elderly individuals in the United States (U.S.). There are no estimates of long-run effects in this literature. Among randomized studies of health care information, our project will further be the first to study the more far-reaching implications of increased access to information: the impact on care utilization (Q2b). This is a key component in the link between information, choice and care quality.

Evidence from primary care is also of relevance for consumer choice in other, similar, areas. In particular, consumer choice systems in education and elderly care share important features with primary care: the services are multi-faceted and not standardized, and the consumer has only limited or no experience to guide the choice of provider.

Q3: How do patients' socioeconomic characteristics, gender, and foreign background affect the answers to Q1-Q2?

The propensity to search for, and the ability to understand, health related information may vary over socioeconomic groups, gender, and language and cultural backgrounds. Potential differences in decision-making processes and reactions to information, may also translate into differences in provider choice
Projektbeskrivning: Information, choice of provider, and quality in primary care.

(and healthcare use) along these dimensions. There are indications in the earlier literature that women are more responsive to quality differences in primary care [1], and that groups with low socioeconomic status use publicly reported comparative information to a lower degree [22] and have lower health literacy [23, 27].

Previous field experiments of information and choice have only focused on subpopulations, e.g. only poor or only elderly individuals, and have thus not been able to contrast the impact of information on groups of, e.g., different SES. For the same reason, heterogeneous effects of information on consumption (here: healthcare use) have not been studied before. The studies of our experiments will therefore be the first to compare the impacts on different groups. Via the third campaign, we will also study a population group that has not been studied before (expectant parents), which will indicate the generalizability of existing evidence.

Our analysis of SES heterogeneity will contribute to the literatures on health inequalities [23]. Based on previous research, we hypothesize that low-SES individuals were on average less informed before the campaigns, but also that they were less likely to understand the information. Thus it is not possible to theoretically predict the direction of the distributional effect of information campaigns directed to the general population. Directly provided comparative information may increase as well as decrease pre-existing inequalities.

Study design, material and method

This section details how we plan to study the three research questions. First, we present our research designs (method and empirical strategies). Second, we describe the type of data we use. Third, we specify the data and research design used to answer each question.

Research designs: general
The project will deliver a thorough description of how patients, when making their choice of primary care provider, weigh different provider characteristics – such as distance and quality – against each other (Q1). To this end, we use a research design relying on well-established statistical models to analyze the longitudinal data on care center choices of a population-representative sample. But the main parts of the project go beyond descriptive analyses, by exploiting variation from the three randomized information campaigns.

In randomized experiments, a subsample of individuals is randomly assigned to a ‘treatment’. The random assignment to treatment implies that there are on average no systematic differences between the mutually exclusive subgroups that were, or were not, exposed to treatment. In the two implemented field experiments, the randomization created treatment and control groups that were balanced on observable characteristics such as education, gender, and foreign background. Thus, differences in the choices of the groups can be attributed to a causal relationship, rather than to omitted third factors. The treatment in the field experiments consists of being provided with a leaflet containing comparative quality information about a small set of relevant primary care providers. In the first two campaigns, information leaflets about primary care centers were mailed to i) a randomly drawn 1% sample of the
Skåne population over 18 in early 2015 (about 10,500 individuals, with a matching control group of another 10% of the population, which yielded a total sample of 112,000 individuals), and ii) 50% of the approximately 7,000 individuals who moved to Skåne between Feb-June in 2015. The leaflets contained information about the center the individual was enrolled at, and this center’s three closest competitors. The centers were compared over three aspects of their services: general features (e.g. opening hours, number of enrolled patients, public/private); subjective and objective quality indicators; special clinics (targeted to certain patient groups). To further facilitate the change of provider, a subset of the treated individuals also received a pre-stamped choice form. In the third campaign that we now plan, similar information leaflets, but this time about child health centers, will be mailed to 50% of the about 5,000-6,000 families who are enrolled at midwife clinics and expect a baby within 8-16 weeks. As there may be spillover effects of the information treatment, we will use a cluster-randomized design with the 68 midwife clinics as clusters.

**Data**

For all three field experiments, we construct similar datasets consisting of register data merged from several different sources (from 2009 and onwards). Daily information about primary care center enrollments (date of enrollment, identity of care center) and inpatient- and outpatient health care contacts (e.g. date, type of contact, diagnosis, length-of-stay) comes from local registers held by Region Skåne. Daily data on purchases of prescribed drugs comes from the pharmaceutical register held by Socialstyrelsen. Individual background characteristics comes from registers held by Statistics Sweden; these data include gender, age, civil status, number of children, foreign background, educational attainment, income (from labor, capital, and transfers), and geographical information such as distances to primary care providers. In addition to these individual-level data, the project uses information about the approximately 150 primary care centers in Skåne (e.g. patient satisfaction ratings, number of enrolled patients per month, and quality indicators routinely collected by Region Skåne).

For the samples in the first two campaigns, we have already constructed datasets including the information above (except the pharmaceutical use data) from 2009-2015. To enable the proposed projects, we now apply for funds to i) expand these datasets by adding pharmaceutical use data and extending the follow-up period of choice and care data, ii) create a similar dataset for the samples in the third campaign, and iii) augment the existing datasets with information about an additional set of individuals, namely household members of the treatment groups. These individuals were indirectly treated, as their household received a leaflet with information. In addition to examining spillover effects, an important rationale for adding these individuals is that several of the study outcomes are rare events, meaning that large sample sizes are crucial to detect heterogeneous effects. (The size of our treatment group in the already implemented experiments were restricted by legal concerns.)

Importantly, we have already received an ethical approval to use these data to study the specified research questions (Regionala Etikprövningsnämnden Lund, dnr 2014/49).

**Q1: Do patients’ choices of primary care provider depend on the quality of providers, and how important is quality compared to other determinants, such as distance from home?**
To address this question, we estimate discrete choice models using longitudinal register data (2009-2015) on care center choices and background characteristics of the about 112,000 individuals in the sample from the first information campaign. Discrete choice models (e.g. conditional logit) are the standard statistical approach for analyzing individuals’ choice from a discrete set of alternatives, such as which of the available care centers to enroll at or which hospital to go to [1, 24]. These models let us quantify how the probability that an individual chooses to enroll at a specific care center depends on characteristics of the care center, such as patient ratings, objective quality measures, and the distance from the individual’s home. By estimating separate choice models for individuals with different age, gender, socioeconomic status etc, we can also analyze how such background characteristics affect the determinants of choice. We will also exploit the data from the randomized field experiments, by estimating separate models for the period before and after the intervention. This allows us to study if and how the importance of specific aspects of care was affected by the increased access to information.

Q2: If patients are supplied with comparative information about providers:
   a. Does the information affect patients’ choice of provider?
   b. Does the information affect patients’ healthcare consumption?

Question Q2a will be addressed using the three information campaigns. First, we will use the field experiment provided by Region Skåne’s upcoming information campaign to expectant families. We will examine if families who received the information leaflet have a higher propensity to choose another child health center than the default. There are two salient default alternatives: i) the center closest to the home address, at which the baby will be registered unless its parents actively chooses another center; and ii) a child health care center connected to the mother’s midwife clinic (e.g. part of the same company/unit). Such centers have an advantage over others, as their connected midwife clinic is already in contact with the families, and can inform about the services of the child health center and help out with the enrollment process.

Second, we will also deepen the analysis of the first two information campaigns by examining the long-term effects (extending the length of the follow-up period from 5-8 months to at least two years), and potential spillover effects on households members of the individuals in the original treatment group. Furthermore, we will examine if the information campaign affected recipients propensity to visit another provider – not only the choice of where to register.

Question Q2b will be also addressed using Region Skåne’s information campaigns. These randomized field experiments allows us to examine if the increased access to information ultimately affects pharmaceutical use and health care consumption. The size of the experimental groups provides us with very good chances of finding direct effects of information, should such effects exist. Using the population-representative sample in a generic example with standard assumptions about significance levels and power (0.05 and 0.8), and very conservative assumptions about the explanatory power of covariates (i.e. that they do not explain any variation at all), we can detect effects of 0.03 standard deviations with a continuous outcome measure. With a dichotomous measure, we can detect effects of 1 percentage point with baseline rates of 10% and 90%, and about 1.5 percentage points with a baseline rate of 50%.
Q3: How do patients’ socioeconomic characteristics, gender, and foreign background affect the answers to Q1-Q2?
The recent Swedish patient choice reforms have been criticized for increasing existing inequalities in the access to care [9]. If patients with low socioeconomic status are less responsive to quality, then information specifically tailored to this group may reduce differences in access to care. Throughout the project, our rich dataset allows us to examine heterogeneity with respect to individual background characteristics such as socioeconomic status, gender, and foreign background. Depending on the statistical model, we will either estimate separate models for subgroups, or include interaction variables in the model. For instance, by interacting an indicator variable for low socioeconomic status with an indicator variable for having received a leaflet in an information campaign, we can examine if individuals with low socioeconomic status responded more or less strongly to the information campaign. Similarly, in a discrete choice model of care center choice, we will estimate separate models for different socioeconomic groups to see if they assign different importance to different care center characteristics. The project thus will provide guidance to policy-makers on how to reach the objective of providing equal access to high-quality primary care to all residents.

Budget
The program is scheduled to run during 2018-2020. We apply for a total grant of 3.5 million SEK*, of which 340 000 SEK are costs for data from Region Skåne/Tieto (180 000), Statistics Sweden (110 000), and Socialstyrelsen (50 000). As described above, we already hold data for 2009-15 for the first two information campaigns. To enable the analyses sketched in this proposal, we apply for funding to augment these data in several dimensions: i) include data on consumption of prescribed drugs (Socialstyrelsen); ii) include a longer follow up period for data on care and choice information (Region Skåne); iii) augment data for the sample representative of the population to include individuals living in the same household (at the time of the experiment) (SCB, Region Skåne). We also apply for funding to create a similar dataset for the upcoming campaign addressed to expecting parents; i.e., data on parents’ background characteristics (SCB), child health center enrollments, and health care utilization during a follow-up period of up to three years.

* As seen in our application form, a somewhat extended version of this application has simultaneously been sent to the research council FORTE, which uses a two-step application process. In late April, we will know whether FORTE let us advance to the second step in their application process.

Research group and environment
A major strength of the proposal is the team’s combination of proven institutional knowledge about primary care, patient choice and health policy [e.g. 25-30], and methodological expertise of quantitative evaluation and measurement of health inequality. The team also has a broad network in health care organizations and experience of collaboration with county councils. The project benefits from several dynamic research environments, as the participating researchers are active at different institutions: the Lund University School of Economics and Management, the Department of Economics at Gothenburg University (GU) and at SFI-The Danish National Centre for Social Research in Copenhagen. All team
members are associated with, or have strong connections to, the leading health economic environment in Scandinavia at Lund University (http://ideas.repec.org/top/top.hea.html). The Health Economics & Management (HEM) program, for which PI Anell is assistant director, consists of a cross-disciplinary group of researchers from Economics, Business Administration and Clinical Sciences. At GU, the team has access to expertise in experimental economics and the newly established Centre of Health Economics at GU (CHEGU).

Dissemination
This project relates to questions at the core of economics (information, choice, competition and resource allocation) and health policy (health system organization), which are rarely studied with field experiments. We therefore seek to publish at least 3 articles in top-ranked international peer-reviewed journals within these fields. To disseminate results outside of academia we aim to a) publish popular media articles (e.g. Ekonomik Debatt, Läkartidningen), b) present at policy-oriented workshops and conferences, and c) directly communicate with stakeholders at various levels within our network, e.g., Region Skåne (our collaborating partner), Region Västra Götaland (partner to CHEGU), Vårdanalys (where Anell is chairman of the board of directors), and KEFU (a R&D network formed by Lund University, Region Skåne and the municipalities in Skåne).

References
Projektbeskrivning: Information, choice of provider, and quality in primary care.


Research team


CV Anders Anell

Department of Business Administration, Lund University School of Economics and Management, P.O. Box 7080, SE 220 07 Lund, Sweden. E-mail: anders.anell@fe.k.lu.se; Phone: + 46 70 585 35 04

Education

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<th>Year</th>
<th>Discipline/place</th>
<th>Degree/title</th>
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<tr>
<td>1991</td>
<td>Lund university school of economics and management</td>
<td>Ph.D., Ekon. Dr.</td>
</tr>
<tr>
<td>1985</td>
<td>Lund university</td>
<td>B.A. Business and Economics</td>
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Professional appointments/positions

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<th>Year</th>
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<th>Position</th>
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<tr>
<td>2007 - current</td>
<td>Professor</td>
<td>Lund university school of economics and management</td>
</tr>
<tr>
<td>1992-2007</td>
<td>The Swedish Institute for Health Economics (IHE)</td>
<td>CEO</td>
</tr>
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<td>1990-1991</td>
<td>The Swedish Institute for Health Economics (IHE)</td>
<td>Project manager</td>
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<tr>
<td>1989-1990</td>
<td>The Swedish Institute for Health Economics (IHE)</td>
<td>Research assistant</td>
</tr>
<tr>
<td>1984-1986</td>
<td>Lund university</td>
<td>Assistant/lecturer</td>
</tr>
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</table>

Short biography

Professor Anders Anell, born in Halmstad (Sweden), received his PhD in Business Administration from Lund University School of Economics and Management in 1991. In 1989, he was employed by the Swedish Institute for Health Economics (IHE) in Lund, and between 1992 and 2007 he was CEO and director of the same institute with overall responsibilities for research, consultancy and conference activities. In 2007, he became adjunct professor at the Department of Business Administration and Institute for Economic Research, and in 2014 he became a full professor at the same department. He is assistant director of the Health Economics & Management program at Lund University School of Economics and Management since 2009.

Between 2003 and 2009 he was a member of the Scientific Advisory Board to the Swedish Council on Technology Assessment in Health care (SBU). Since 2009, he is scientific advisor to the National Board of Health and Welfare (Socialstyrelsen), and since 2011 a member of the board (vice chairman since 2013, chairmen from 2015) of the Swedish Agency for Health and Care Services Analysis (Myndigheten för Vårdenalys).
Anell’s research interest focus on governance and management control in health care services, incentives and resource allocation in health care, alternative payment methods to health care providers, performance measurement in health care, preferences related to consumer choice of health care providers, organisation of primary care, the pharmaceutical market and use of health economic evaluations and cost-effectiveness criteria by health care decision-makers. He has published more than 150 books, reports and articles in journals such as WHO Bulletin, Health Economics, European Journal of Health Economics, Applied Health Economics and Health Policy, Pharmacoeconomics, Health Policy, Health Economics, Policy and Law, BMC Health Services Research; British Journal of Surgery, New England Journal of Medicine, Scandinavian Journal of Primary care, BMC Neurology, Nordic Journal of Health Economics, International Journal of Integrated Care, International Journal for Quality in Health Care and the Swedish Medical Journal (‘Läkartidningen’). His research covers several issues related to health care services and includes the use of both qualitative and quantitative methods. Studies include comparison between OECD countries and assessment of conditions for health care in low-income countries such as Zambia.

He has worked as a consultant and advisor for a number of Swedish and international organisations, including the World Bank and WHO. He was co-author of the World Health Report 2000: Health Systems. Measuring Performance.

Supervision of doctoral students

Previous supervision of four doctoral students:

- Pia Nylinder (2012) Budgetary control in public health care – A study about perceptions of budgetary control among clinical directors. Department of Business administration. Lund university. (main supervisor)

Currently main supervisor for one doctoral student (Business Administration, Lund university) and supervisor for two doctoral students (KI and Sahlgrenska Academy).

External grants

As CEO and research director of IHE between 1992 and 2007, responsible for approx. 10-15 million SEK in annual funding and revenues. Principal investigator (PI) for program/projects with external grants in excess of 8 million SEK since (part time) employment at Lund.
university in 2007 (Vinnvård, KEFU). Co-investigator in additional programs with external grants with Ulf Gerdtham as PI (VR).

Selected publications with relevance for application (primary care, experiments)


Lina Maria Ellegård
Date of birth: Dec 26, 1983
Department of Economics, Lund University
linamaria.ellegard@nek.lu.se; https://sites.google.com/site/linamariaellegaard

Education

2007-2013  LUND UNIVERSITY – PhD in Economics (Dissertation date: 20130927)
2004-07   LUND UNIVERSITY – Master of Economics
2003-04   GOTHENBURG UNIVERSITY – introductory courses

Employment

Current position
2013-  DEPARTMENT OF ECONOMICS, LUND UNIVERSITY
Researcher

Previous positions
2002-03  FÖRSÄKRINGSKASSAN, GÖTEBORG
Administrator

Research

Publications


Working papers


Conference papers

Monographs

Selected publications in Swedish

Conference presentations and invited presentations
2016 National conference in Economics, Göteborg
2016 IFN Conference ‘Efficient provision of public services’, Vaxholm
2016 Swedish Health Economists Association, Göteborg
2016 Health Economics Study Group (HESG), Manchester
2015 Joint Lund-SFI workshop, Copenhagen
2013 International Institute of Public Finance, Taormina
2013 Seminar at IFN (Institute of Industrial Economics), April 15
2013 Public Choice Society, New Orleans
2012 National conference in Economics, Stockholm (poster presentation)
2010 European Conference in Health Economics, Helsinki
2010 PhD workshop at Uppsala Center for Fiscal Studies (UCFS)

Grants
2016 The Crafoord Foundation: grant for open access publication

2014  FORTE post doc grant (2 years)


2013  Kommuninvest of Sweden: for empirical and theoretical studies of budget processes in local governments (joint with Jens Dietrichson).
GUSTAV KJELLSSON

PERSONAL INFORMATION

Date of birth: June 5, 1981
E-mail: gustav.kjellsson@economics.gu.se
Home page: https://sites.google.com/site/kjellssongustav

Citizenship: Swedish
Office: +46(0) 31-786 2603
Cell: +46 (0)705 547 313

EDUCATION

2014 PhD, Economics, Lund University.
(including 8 months parental leave 2012-2013)
Thesis: Health, Inequality, and Smoking. (Date for defense, March 27 2014.)
Supervisor: Prof. Ulf-G Gertham.
Faculty opponent: Tom van Oort, Erasmus University Rotterdam.

2008 BSc, Economics, Lund University

POSITION

Current: Associate Senior Lecturer (Biträdande lektor), Department of Economics,
Gothenburg University, (Since January 2015)

Previous: Researcher, Department of Economics, Lund University (2014 April-
December).

RESEARCH PAPERS

Published papers

  the causes of socioeconomic inequality in health, Journal of Health Economics 2016
  48 89-106
- Kjellson, G., Gertham, U-G., Petrie, D. Lies, damned lies, and health inequality
  measurements: Understanding the value judgments. Epidemiology 2015 Vol 26(5)
  673-80
  - Kjellson, G., Gertham, U-G., Petrie, D. "Re: Popham F, Re: Lies, Damned
    Lies, and Health Inequality Measurements: Understanding the Value
    Judgments" Epidemiology Vol 27(3) e16-17 (Authors response)
- Kjellson, G., Clarke, P, Gertham, U-G. Forgetting to remember or remembering to
  forget - A study of the recall period length in health care survey questions, Journal of
  Health Economics 2014, 35, 34–46
- Kjellson, G, Gertham, U-G. On correcting the concentration index for binary
- Kjellson, G, Gertham, U-G. Lost in Translation: Rethinking the Inequality
  Equivalence Criteria for Bounded Health Variable. In Owen O’Donnell and Pedro
  Rosa Dias (Eds) Research on Economic Inequality Volume 21: Health and Inequality
  2013.

**Working Paper**


• Dietrichson, J, Ellegård, LM, **Kjellsson G** Effects of Increased Competition on Quality of Primary Care in Sweden, Working Paper 2016:36, Department of Economics, Lund University

**Monographs**


**Unpublished manuscripts presented at conferences**


**OTHER PUBLICATIONS**


• Gerdtham, U-G, **Kjellsson, G**. 2012 Mätning och Analys av ojämlikhet i hälsa. - Om konsten att mäta något utan att veta vad och hur (Measuring and analyzing inequality – about the art of measuring something without knowing what and how). Expert report for The Commission For a Socially Sustainable Malmö, City of Malmö.

**INVITED SEMINAR PRESENTATION**

2015 University of Duisburg-Essen, Germany; University of Antwerp, Belgium; TU Berlin/BerlinHECOR (session at Kongress Armut and Gesundheit), Germany;

**CONFERENCE PRESENTATIONS**

2016 Health Economists study Group – workshop, Manchester, UK.
Nordic Health Economists' Study Group, Oslo, Norway.
2014 International Health Economics Association (iHEA), Dublin, Ireland.
2013 CED (Centre for Demography) Winter Conference, Lund University, Sweden.
Fifth meeting of the Society for the Study of Economic Inequality (ECINEQ), Bari, Italy.
Nordic Health Economists' Study Group, Oslo, Norway.
Health. Development. Inequality., Darmstadt, Germany.
2011 Nordic Health Economists' Study Group, Odense. Denmark.
Health Economists' Study Group - workshop, Cork, Ireland.
European Conference of Health Economic (ECH), Helsinki, Finland.
Nordic Health Economists' Study Group, Umeå, Sweden.
2009 International Health Economics Association (iHEA), Beijing, China.
Nordic Health Economists' Study Group, Reykjavik, Iceland.

GRANTS

Research Grants:
- KEFU Skåne (Kommunal ekonomisk forskning och Utbildning) 2015: Effekter av jämförande information om vårdgivare inom primärvården i Region Skåne (PI LM Ellegård, Lund University)
- Swedish Competition Authority 2013 (dnr: 316:2013): Competition, public provision, and organizations in health and elderly care. Joint with researchers from Lund University: (PI Fredrik Andersson, Lund University)
- Swedish Research Council 2012 (dnr 2012-5778) – The impact of Swedish pre-school reforms on student achievement. Joint with researchers from Lund University and the Institute for Evaluation of Labour Market and Education Policy (IFAU). (PI Erik Mellander IFAU.)
- The Fahlbeckska foundation 2010: to study the effects of pre-school attendance on student achievement (joint with J. Dietrichson, Lund University)

Personal grants and awards
- Award for best student paper, Nordic Health Economists' Study Group, Oslo 2013
- Stipends from the Foundation in the memory of Pontus Roos for a young applied microeconomist 2014.
- Partnerprogrammets internationaliseringsstöd 2017.

MISCELLANEOUS
Supervision of PhD-students
- currently co-supervisor for Gawain Heckley (Health Inequality), Medical Faculty, Lund University.
- currently co-supervisor for Sofia Sveréus (Distributional effects of Swedish health care reforms), Karolinska Institute.

Consultancy
- 2017 Hired as external expert on health inequality by the Public Health Agency of Sweden (Folkhälsomyndigheten)
- 2012 Consultancy report for Swedish Social Ministry; Estimations for updating Micro-simulation model SESIM (LEV) (i.e. including smoking behavior). Report on the effect of smoking on future public expenditures with Bolin, K, Brouwers, L, and Lindgren B.
Jens Dietrichson

SFI - The Danish National Centre for Social Research
Herluf Trolles Gade 11, DK - 1052 København K, Denmark
jsd@sfi.dk
https://sites.google.com/site/jensdietrichson/home

Selected employment

Current position
2014- SFI – THE DANISH NATIONAL CENTRE FOR SOCIAL RESEARCH
Researcher.

Previous positions
2013-2014 DEPARTMENT OF ECONOMICS, LUND UNIVERSITY
Researcher/lecturer, and academic coordinator.

2006-2012 MUNICIPALITY OF HELSINGBORG
Business controller (part-time during PhD program).

Education

2008-2013 LUND UNIVERSITY – PhD in Economics (Dissertation date: 20130614)

2000-05 LUND UNIVERSITY – Master of Economics

LUND UNIVERSITY – Bachelor of Political Science.

Research

Publications


Selected conference and working papers


Monographs

Selected publications in Swedish and Danish

Conference presentations and invited presentations

2016 Forskernetværk for pedagogisk it (Nov, Odense), 8th Swedish Workshop on Competition Research (Nov, Stockholm), Research Institute for Industrial Economics (Nov, Stockholm), American Society for Health Economists Conference (June, Philadelphia), SFI Advisory Board Conference (June, Copenhagen).
2015 Department of Business and Economics, University of Southern Denmark (Dec, Odense), SFI Advisory Board Conference (June, Copenhagen),
2014 Department of Economics, University of Rostock (April, Rostock), Third National Conference in Health Economics (March, Lund).

Invited presentations for non-academic audiences
2016 Skånes ekonomidagar (December, Helsingö), Uddannelsesforum Frederiksbergs kommune, (March, København), Region Skåne (March, Malmö).
2014 Kommunalekonomiska föreningen Södermanland-Östergötland (Dec, Sandviken), KEFU (April, Lund), Kommuninvest of Sweden (April, Stockholm).
2010 Vinster av en samordnad helhet, Swedish Association for Local and Regional Governments (Oct, Stockholm).

Grants
As PI/Co-PI


2015  *KEFU*: Effect of information in primary care (joint with Lina Maria Ellegård and Gustav Kjellsson).


2013  *KEFU*: for the development of an experimental framework for studying budget processes in public organizations (joint with Lina Maria Ellegård).

2013  *Kommuninvest of Sweden*: for empirical and theoretical studies of budget processes in local governments (joint with Lina Maria Ellegård).

2011  *The Fahlbeckska Foundation*: to study the effects of pre-school attendance on student achievement (joint with Gustav Kjellsson).

As member of the research team

