Dorte Gyrd-Hansen

List of Publications by Year in descending order

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77 papers

1,411 citations

394421 19 h-index 34 g-index

78 all docs 78 docs citations

78 times ranked 1680 citing authors

#	Article	IF	CITATIONS
1	Systematic identification and stratification of help-seeking school-aged youth with mental health problems: a novel approach to stage-based stepped-care. European Child and Adolescent Psychiatry, 2022, 31, 781-793.	4.7	5
2	Effects of parental health shocks on children's school achievements: A register-based population study. Journal of Health Economics, 2022, 81, 102573.	2.7	5
3	Physicians under Pressure: Evidence from Antibiotics Prescribing in England. Medical Decision Making, 2022, 42, 303-312.	2.4	4
4	The effects of pantoprazole vs. placebo on 1-year outcomes, resource use and employment status in ICU patients at risk for gastrointestinal bleeding: a secondary analysis of the SUP-ICU trial. Intensive Care Medicine, 2022, 48, 426.	8.2	2
5	Age, morbidity, or something else? A residual approach using microdata to measure the impact of technological progress on health care expenditure. Health Economics (United Kingdom), 2022, 31, 1184-1201.	1.7	1
6	Sample restrictions and the elicitation of a constant willingness to pay per quality adjusted life year. Health Economics (United Kingdom), 2021, 30, 923-931.	1.7	4
7	Home sweet home: GPs' response to an increase in the fee size for home visits. European Journal of Health Economics, 2021, 22, 977-989.	2.8	O
8	Allocation of health care under pay for performance: Winners and losers. Social Science and Medicine, 2021, 278, 113939.	3.8	11
9	Time to retire? A register-based study of GPs' practice style prior to retirement. Social Science and Medicine, 2021, 281, 114099.	3.8	О
10	Post robotic investment: Cost consequences and impact on length of stay for obese women with endometrial cancer. Acta Obstetricia Et Gynecologica Scandinavica, 2021, 100, 1830-1839.	2.8	0
11	Pure altruism and misjudgement: A bad combination?. Journal of Health Economics, 2021, 80, 102550.	2.7	0
12	GP decisions to participate in emergencies: a randomised vignette study. BJGP Open, 2021, 5, bjgpopen20X101153.	1.8	1
13	The relative value of different QALY types. Journal of Health Economics, 2020, 70, 102303.	2.7	20
14	Does future resource input reflect need in firstâ€episode psychosis: Examining the association between individual characteristics and 5â€year costs. Microbial Biotechnology, 2019, 13, 1056-1061.	1.7	0
15	Designing Unforced Choice Experiments to Inform Health Care Decision Making: Implications of Using Opt-Out, Neither, or Status Quo Alternatives in Discrete Choice Experiments. Medical Decision Making, 2019, 39, 681-692.	2.4	20
16	Evaluation of a screening algorithm using the Strengths and Difficulties Questionnaire to identify children with mental health problems: A five-year register-based follow-up on school performance and healthcare use. PLoS ONE, 2019, 14, e0223314.	2.5	10
17	Physical exercise versus shorter life expectancy? An investigation into preferences for physical activity using a stated preference approach. Health Policy, 2019, 123, 790-796.	3.0	6
18	Long term resource consequences of a nationwide introduction of robotic surgery for women with early stage endometrial cancer. Gynecologic Oncology, 2019, 154, 411-419.	1.4	8

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19	Taking care of high-need patients in capitation-based payment schemes – an experimental investigation into the importance of market conditions. Applied Economics, 2019, 51, 5174-5184.	2.2	7
20	Testing the myth of feeâ€forâ€service and overprovision in health care. Health Economics (United) Tj ETQq0 0 C	rgBT/Ov	erlock 10 Tf 50
21	How does information on the harms and benefits of cervical cancer screening alter the intention to be screened?: a randomized survey of Norwegian women. European Journal of Cancer Prevention, 2019, 28, 87-95.	1.3	2
22	Title is missing!. , 2019, 14, e0223314.		O
23	Title is missing!. , 2019, 14, e0223314.		0
24	Title is missing!. , 2019, 14, e0223314.		O
25	Title is missing!. , 2019, 14, e0223314.		O
26	Is there additional value attached to health gains at the end of life? A revisit. Health Economics (United Kingdom), 2018, 27, e71-e75.	1.7	8
27	Women's Preferences for Birthing Hospital in Denmark: A Discrete Choice Experiment. Patient, 2018, 11, 613-624.	2.7	6
28	Different domains – Different time preferences?. Social Science and Medicine, 2018, 207, 97-105.	3.8	14
29	A Stated Preference Approach to Assess whether Health Status Impacts on Marginal Utility of Consumption. Health Economics (United Kingdom), 2017, 26, 1224-1233.	1.7	10
30	Can present biasedness explain early onset of diabetes and subsequent disease progression? Exploring causal inference by linking survey and register data. Social Science and Medicine, 2017, 186, 34-42.	3.8	23
31	Determinants of preferences for lifestyle changes versus medication and beliefs in ability to maintain lifestyle changes. A population-based survey. Preventive Medicine Reports, 2017, 6, 66-73.	1.8	28
32	Personal health records in the Netherlands: potential user preferences quantified by a discrete choice experiment. Journal of the American Medical Informatics Association: JAMIA, 2017, 24, 529-536.	4.4	14
33	GPs' implicit prioritization through clinical choices – evidence from three national health services. Journal of Health Economics, 2016, 49, 169-183.	2.7	9
34	The role of the payment vehicle in non-market valuations of a health care service: willingness-to-pay for an ambulance helicopter service. Health Economics, Policy and Law, 2016, 11, 1-16.	1.8	10
35	The value of mortality risk reductions. Pure altruism – a confounder?. Journal of Health Economics, 2016, 49, 184-192.	2.7	8
36	Effects of numerical information on intention to participate in cervical screening among women offered HPV vaccination: a randomised study. Scandinavian Journal of Primary Health Care, 2016, 34, 401-419.	1.5	9

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37	How does HPV vaccination status relate to risk perceptions and intention to participate in cervical screening? a survey study. BMC Public Health, 2016, 16, 708.	2.9	4
38	Socio-economic position and time trends in invasive management and case fatality after acute myocardial infarction in Denmark. European Journal of Public Health, 2016, 26, 146-152.	0.3	6
39	Government interventions to aid choice: Help to self-help or paternalism?. Health Policy, 2015, 119, 874-881.	3.0	6
40	Cost-effectiveness estimate of prehospital thrombolysis. Neurology, 2015, 84, 1090-1097.	1.1	82
41	GPs' shifting agencies in choice of treatment. Applied Economics, 2014, 46, 750-761.	2.2	11
42	Communicating risk using absolute risk reduction or prolongation of life formats: cluster-randomised trial in general practice. British Journal of General Practice, 2014, 64, e199-e207.	1.4	26
43	Could a Pigouvian Subsidy Mitigate Poker Machine Externalities, in Australia?. Economic Papers, 2014, 33, 327-338.	0.9	O
44	Estimating a WTP-based value of a QALY: The †chained†approach. Social Science and Medicine, 2013, 92, 92-104.	3.8	71
45	Valuation of morbidity and mortality risk reductions. Does context matter?. Accident Analysis and Prevention, 2012, 48, 246-253.	5.7	3
46	Insensitivity to Scope in Contingent Valuation Studies. Applied Health Economics and Health Policy, 2012, 10, 397-405.	2.1	13
47	Disentangling WTP per QALY data: different analytical approaches, different answers. Health Economics (United Kingdom), 2012, 21, 222-237.	1.7	42
48	The influence of information and private versus public provision on preferences for screening for prostate cancer: A willingness-to-pay study. Health Policy, 2011, 101, 277-289.	3.0	17
49	Joint and Separate Evaluation of Risk Reduction. Medical Decision Making, 2011, 31, E1-E10.	2.4	34
50	Choke Price Bias in Choice Experiments. Environmental and Resource Economics, 2010, 45, 537-551.	3.2	61
51	Increasing marginal utility of small increases in life-expectancy?. Journal of Health Economics, 2010, 29, 541-548.	2.7	16
52	GPs as citizens' agents: prescription behavior and altruism. European Journal of Health Economics, 2009, 10, 399-407.	2.8	6
53	Willingness-to-pay for a statistical life in the times of a pandemic. Health Economics (United Kingdom), 2008, 17, 55-66.	1.7	13
54	Preferences for †lifeâ€saving' programmes: Small for all or gambling for the prize?. Health Economics (United Kingdom), 2008, 17, 709-720.	1.7	9

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55	Laypersons' understanding of relative risk reductions: Randomised cross-sectional study. BMC Medical Informatics and Decision Making, 2008, 8, 31.	3.0	40
56	Valuation of food safety in meat – a review of stated preference studies. Acta Agriculturae Scandinavica Section C: Food Economics, 2008, 5, 63-74.	0.1	3
57	Can postponement of an adverse outcome be used to present risk reductions to a lay audience? A population survey. BMC Medical Informatics and Decision Making, 2007, 7, 8.	3.0	27
58	Handling Value Added Tax (VAT) in Economic Evaluations. Applied Health Economics and Health Policy, 2006, 5, 209-213.	2.1	2
59	Communicating treatment effectiveness in the context of chronic disease processes. Expert Review of Pharmacoeconomics and Outcomes Research, 2006, 6, 673-679.	1.4	6
60	Willingness to Pay for a QALY. Pharmacoeconomics, 2005, 23, 423-432.	3.3	86
61	Investigating the social value of health changes. Journal of Health Economics, 2004, 23, 1101-1116.	2.7	41
62	Willingness to pay for a QALY. Health Economics (United Kingdom), 2003, 12, 1049-1060.	1.7	120
63	How Do Individuals Apply Risk Information When Choosing Among Health Care Interventions?. Risk Analysis, 2003, 23, 697-704.	2.7	23
64	Impact of Socio-demographic Factors on Willingness to Pay for the Reduction of a Future Health Risk. Journal of Environmental Planning and Management, 2003, 46, 39-47.	4.5	12
65	Effects of Baseline Risk Information on Social and Individual Choices. Medical Decision Making, 2002, 22, 71-75.	2.4	15
66	Number needed to treat: easily understood and intuitively meaningful?. Journal of Clinical Epidemiology, 2002, 55, 888-892.	5.0	71
67	Prenatal screening for cystic fibrosis: an economic analysis. Health Economics (United Kingdom), 2002, 11, 285-299.	1.7	28
68	Comparing the results of applying different methods of eliciting time preferences for health. European Journal of Health Economics, 2002, 3, 10-16.	2.8	18
69	The citizen's preferences for financing public health care: a Danish survey. International Journal of Health Care Finance and Economics, 2002, 2, 25-36.	1.2	25
70	Effects of Baseline Risk Information on Social and Individual Choices. Medical Decision Making, 2002, 22, 71-75.	2.4	3
71	Breast cancer screening after age 69 is more cost-effective if restricted to women with higher bone mineral density. Evidence-Based Obstetrics and Gynecology, 2001, 3, 101-102.	0.0	0
72	Analysing public preferences for cancer screening programmes. Health Economics (United Kingdom), 2001, 10, 617-634.	1.7	69

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73	The relative economic of screening for colorectal cancer, breast cancer and cervical cancer. Critical Reviews in Oncology/Hematology, 1999, 32, 133-144.	4.4	13
74	Colorectal cancer screening: efficiency and effectiveness., 1998, 7, 9-20.		51
75	Discounting life-years: whither time preference?. , 1998, 7, 121-127.		26
76	Fecal Occult Blood Tests: <i>A Cost-effectiveness Analysis</i> . International Journal of Technology Assessment in Health Care, 1998, 14, 290-301.	0.5	16
77	A cost-effectiveness analysis of cervical cancer screening: health policy implications. Health Policy, 1995, 34, 35-51.	3.0	32