

Jan Abel Olsen

List of Publications by Year in descending order

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Version: 2024-02-01

52
papers

2,283
citations

279798

23
h-index

223800

46
g-index

54
all docs

54
docs citations

54
times ranked

2445
citing authors

#	ARTICLE	IF	CITATIONS
1	Theory versus practice: a review of 'willingness-to-pay' in health and health care. Health Economics (United Kingdom), 2001, 10, 39-52.	1.7	340
2	Cost-Effectiveness of Telemedicine in Remote Orthopedic Consultations: Randomized Controlled Trial. Journal of Medical Internet Research, 2019, 21, e11330.	4.3	223
3	Estimating QALY Gains in Applied Studies: A Review of Cost-Utility Analyses Published in 2010. Pharmacoeconomics, 2014, 32, 367-375.	3.3	134
4	Theories of justice and their implications for priority setting in health care. Journal of Health Economics, 1997, 16, 625-639.	2.7	120
5	An inquiry into the different perspectives that can be used when eliciting preferences in health. Health Economics (United Kingdom), 2003, 12, 545-551.	1.7	110
6	Production gains from health care: what should be included in cost-effectiveness analyses?. Social Science and Medicine, 1999, 49, 17-26.	3.8	81
7	Risk of malnutrition and health-related quality of life in community-living elderly men and women: The TromsÅ, study. Quality of Life Research, 2011, 20, 575-582.	3.1	81
8	On what basis should health be discounted?. Journal of Health Economics, 1993, 12, 39-53.	2.7	77
9	The insensitivity of 'willingness-to-pay' to the size of the good: New evidence for health care. Journal of Economic Psychology, 2004, 25, 445-460.	2.2	72
10	Time preferences for health gains: An empirical investigation. Health Economics (United Kingdom), 1993, 2, 257-265.	1.7	65
11	The relative importance of health, income and social relations for subjective well-being: An integrative analysis. Social Science and Medicine, 2016, 152, 176-185.	3.8	61
12	Persons vs years: Two ways of eliciting implicit weights. Health Economics (United Kingdom), 1994, 3, 39-46.	1.7	58
13	The moral relevance of personal characteristics in setting health care priorities. Social Science and Medicine, 2003, 57, 1163-1172.	3.8	55
14	Equity in health: the importance of different health streams. Journal of Health Economics, 2001, 20, 823-834.	2.7	52
15	In search of a common currency: A comparison of seven EQ-5D-5L value sets. Health Economics (United) Tj ETQq1 1.0.784314 rgBT /Ov 1.7 49	1.7	49
16	The impact of pecuniary and non-pecuniary incentives for attracting young doctors to rural general practice. Social Science and Medicine, 2015, 128, 1-9.	3.8	48
17	Aiding priority setting in health care: is there a role for the contingent valuation method?. , 1997, 6, 603-612.		45
18	Priority Preferences: 'End of Life' Does Not Matter, But Total Life Does. Value in Health, 2013, 16, 1063-1066.	0.3	43

#	ARTICLE	IF	CITATIONS
19	Lumpectomy or mastectomy? Is breast conserving surgery too expensive?. <i>Breast Cancer Research and Treatment</i> , 1997, 45, 07-14.	2.5	40
20	Differential Recall Bias, Intermediate Confounding, and Mediation Analysis in Life Course Epidemiology: An Analytic Framework with Empirical Example. <i>Frontiers in Psychology</i> , 2016, 7, 1828.	2.1	37
21	Willingness to pay for public health care: a comparison of two approaches. <i>Health Policy</i> , 2004, 70, 217-228.	3.0	34
22	A note on eliciting distributive preferences for health. <i>Journal of Health Economics</i> , 2000, 19, 541-550.	2.7	31
23	A conceptual map of health-related quality of life dimensions: key lessons for a new instrument. <i>Quality of Life Research</i> , 2020, 29, 733-743.	3.1	27
24	Properties of the Cigarette Dependence Scale and the Fagerstr�m Test of Nicotine Dependence in a representative sample of smokers in Norway. <i>Addiction</i> , 2008, 103, 1441-1449.	3.3	25
25	Testing alternative regression models to predict utilities: mapping the QLQ-C30 onto the EQ-5D-5L and the SF-6D. <i>Quality of Life Research</i> , 2018, 27, 2823-2839.	3.1	25
26	Filling the psycho-social gap in the EQ-5D: the empirical support for four bolt-on dimensions. <i>Quality of Life Research</i> , 2020, 29, 3119-3129.	3.1	24
27	Health state utility instruments compared: inquiring into nonlinearity across EQ-5D-5L, SF-6D, HUI-3 and 15D. <i>Quality of Life Research</i> , 2016, 25, 1667-1678.	3.1	22
28	Combining education and income into a socioeconomic position score for use in studies of health inequalities. <i>BMC Public Health</i> , 2022, 22, 969.	2.9	22
29	Education and health and well-being: direct and indirect effects with multiple mediators and interactions with multiple imputed data in Stata. <i>Journal of Epidemiology and Community Health</i> , 2017, 71, jech-2016-208671.	3.7	21
30	Violence Affects Physical and Mental Health Differently: The General Population Based Troms� Study. <i>PLoS ONE</i> , 2015, 10, e0136588.	2.5	21
31	Implicit versus explicit ranking: On inferring ordinal preferences for health care programmes based on differences in willingness-to-pay. <i>Journal of Health Economics</i> , 2005, 24, 990-996.	2.7	20
32	Eliciting Preferences for Prioritizing Treatment of Rare Diseases: the Role of Opportunity Costs and Framing Effects. <i>Pharmacoeconomics</i> , 2013, 31, 1051-1061.	3.3	19
33	Preference Weighting of Health State Values: What Difference Does It Make, and Why?. <i>Value in Health</i> , 2017, 20, 451-457.	0.3	19
34	Do country-specific preference weights matter in the choice of mapping algorithms? The case of mapping the Diabetes-39 onto eight country-specific EQ-5D-5L value sets. <i>Quality of Life Research</i> , 2018, 27, 1801-1814.	3.1	19
35	Increasing marginal utility of small increases in life-expectancy?. <i>Journal of Health Economics</i> , 2010, 29, 541-548.	2.7	16
36	Does an activity based remuneration system attract young doctors to general practice?. <i>BMC Health Services Research</i> , 2012, 12, 68.	2.2	13

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37	Exploring the causal and effect nature of EQ-5D dimensions: an application of confirmatory tetrad analysis and confirmatory factor analysis. <i>Health and Quality of Life Outcomes</i> , 2018, 16, 153.	2.4	13
38	Modelling Nonlinearities and Reference Dependence in General Practitioners' Income Preferences. <i>Health Economics (United Kingdom)</i> , 2016, 25, 1020-1038.	1.7	12
39	Yes, health is important, but as much for its importance via social life: The direct and indirect effects of health on subjective well-being in chronically ill individuals. <i>Health Economics (United Kingdom)</i> , 2018, 27, 209-222.	1.7	12
40	Assessment of outcome measures for cost-utility analysis in depression: mapping depression scales onto the EQ-5D-5L. <i>BJPsych Open</i> , 2018, 4, 160-166.	0.7	12
41	General practitioners' altered preferences for private practice vs. salaried positions: a consequence of proposed policy regulations?. <i>BMC Health Services Research</i> , 2015, 15, 119.	2.2	11
42	What Explains Willingness to Pay for Smoking-Cessation Treatments - Addiction Level, Quit-Rate Effectiveness or the Opening Bid?. <i>Applied Health Economics and Health Policy</i> , 2012, 10, 407-415.	2.1	10
43	Health and wellbeing in Norway: Population norms and the social gradient. <i>Social Science and Medicine</i> , 2020, 259, 113155.	3.8	10
44	Explaining subjective social status in two countries: The relative importance of education, occupation, income and childhood circumstances. <i>SSM - Population Health</i> , 2021, 15, 100864.	2.7	9
45	Young doctors' preferences for payment systems: the influence of gender and personality traits. <i>Human Resources for Health</i> , 2015, 13, 69.	3.1	8
46	How is your life? understanding the relative importance of life domains amongst older adults, and their associations with self-perceived COVID-19 impacts. <i>Quality of Life Research</i> , 2022, 31, 2281-2293.	3.1	7
47	PREFERENCES FOR THE NORMATIVE BASIS OF HEALTH CARE PRIORITY SETTING: SOME EVIDENCE FROM TWO COUNTRIES. <i>Health Economics (United Kingdom)</i> , 2013, 22, 480-485.	1.7	6
48	Competing Views on the English EQ-5D-5L Valuation Set. <i>Value in Health</i> , 2020, 23, 574-575.	0.3	5
49	Associations between utilization rates and patients' health: a study of spine surgery and patient-reported outcomes (EQ-5D and ODI). <i>BMC Health Services Research</i> , 2020, 20, 135.	2.2	5
50	Expanding the Scope of Value for Economic Evaluation: The EQ-HWB. <i>Value in Health</i> , 2022, 25, 480-481.	0.3	4
51	How Do EQ-5D-5L Value Sets Differ?. , 2022, , 235-258.		3
52	Who keeps on working? The importance of resilience for labour market participation. <i>PLoS ONE</i> , 2021, 16, e0258444.	2.5	2