ALEX HOAGLAND

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EDUCATION

Ph.D., Economics, Boston University, Boston MA, May 2022 (expected)
Dissertation Title: *Essays on Information and Innovation in Health Economics*
Dissertation Committee: Randall P. Ellis, Tal Gross, Marc Rysman, Jihye Jeon

B.A., Economics & B.S., Mathematics *(Valedictorian, Magna Cum Laude)*, Brigham Young University, Provo, UT, 2017

FIELDS OF INTEREST

Health Economics, Industrial Organization, Applied Econometrics

PUBLICATIONS

* Indicates lead-authored papers

"Trends in Out-of-pocket Costs for Well-child Care after the Affordable Care Act," (with Paul Shafer & Heather Hsu) *JAMA Network Open*, (2021) 4(3): e211248-e211248.

* "Out-of-pocket Costs for Preventive Care Persist Almost a Decade after the ACA," (with Paul Shafer) *Preventive Medicine*, (2021) 150: 106690.

* "Adolescent Interactions with Family and Emotions during Interactions: Variation by Family Structure," (with Jocelyn Wikle) *Journal of Family Psychology*, (2019) 34(5): 544-554.

* "It's No Accident: Evaluating the Effectiveness of Vehicle Safety Inspections," (with Trevor Woolley) *Contemporary Economic Policy,* (2018) 36(4): 607-628.

"Adolescent Caretaking of Younger Siblings," (with Jocelyn Wikle & Alex Jensen) *Social Science Research,* (2017) 71: 72-84.

WORKING PAPERS

* "An Ounce of Prevention or a Pound of Cure? The Value of Health Risk Information," September 2021, **Job Market Paper.**

"Beyond 60 Days: The Effect of Postpartum Medicaid Eligibility on Continuity of Insurance Enrollment" (with Sarah Gordon, Jamie Daw, & Lindsay Admon), September 2021, revision requested at *Health Affairs.*

* "Who Do Innovations Reach? The Influence of Trainings on Mental Health Treatments," May 2021, Second Year Paper.

* "Incorporating Acuity, Laterality, Timing, and Other Diagnostic Modifiers into Risk Adjustment Formulas" (with Randall P. Ellis, Karen Lasser, Heather Hsu, Corinne Andriola, Tzu-Chun Kuo, Jeffrey Siracuse, Allan Walkey, & Arlene Ash), July 2021, Working Paper.

"Diagnostic Items: A New Framework for Disease Surveillance, Prediction, and Risk Adjustment" (with Randall P. Ellis, Jeffrey Siracuse, Allan Walkey, Karen Lasser, Brian Jacobson, Corinne Andriola, Ying Liu, Chenlu Song, Tzu-Chun Kuo, & Arlene Ash), July 2021, submitted.

WORK IN PROGRESS

"Leapfrogging and the Market Effects of Hyper-Specialization"

PRESENTATIONS

* Indicates virtual presentation due to COVID-19.

Annual Health Econometrics Workshop*, 2021 (scheduled)

10th Annual Conference of the American Society of Health Economists (ASHEcon)*, 2021
International Health Economics Association (iHEA) 2021 World Congress*, 2021
9th Annual Conference of the American Society of Health Economists (ASHEcon)*, 2020
Joint BU/Harvard/MIT Health Economics Seminar, Boston, MA, 2020
Time Use Across the Life Course Conference, University of Maryland, 2018

FELLOWSHIPS AND AWARDS

Student Summer Research Award, Boston University Institute for Health System Innovation and Policy, Summer 2020
External Grant, Office of Creative Research and Activities, Provo, UT, Fall 2017
1st Place, Mary Lou Fulton Conference, Provo, UT, Spring 2017

WORK EXPERIENCE

Research Assistant for Randall P. Ellis, Boston University (economics), 2019-present
Research Assistant for Sarah Gordon, Boston University (public health), 2020-present
Research Assistant for Paul Shafer, Boston University (public health), Summer 2020
Research Assistant for Jacob Bor, Boston University (public health), 2019-2020
Research Assistant for Tim Layton, Harvard University (health care policy), 2018-2019

REFEREE EXPERIENCE

Journal of Agricultural and Resource Economics, Economic Modeling, International Journal of Business and Finance Management Research

TEACHING EXPERIENCE

Instructor, Statistics for Economists, Department of Economics, Boston University, Fall 2019

Teaching Fellow, Health Economics, Boston University, Fall 2021
Teaching Fellow, Intermediate Microeconomic Theory, Boston University, Fall 2021
Teaching Fellow, Econometric Theory (Masters), Boston University, Spring 2019
Teaching Fellow, Mathematics for Economists (Masters), Boston University, Fall 2018
Teaching Fellow, Statistics for Economists (Masters), Boston University, Fall 2018
Teaching Fellow, Advanced Microeconomic Theory, Brigham Young University, Fall 2017
Teaching Fellow, Topology (Masters), Department of Mathematics, Brigham Young University, Spring 2017
Teaching Fellow, Intermediate Microeconomic Theory, Brigham Young University, Fall 2015-Spring 2016

COMPUTER SKILLS: STATA, R, SAS, MATLAB, LaTeX, C/C++, Python, ArcGIS

CITIZENSHIP: United States of America

REFERENCES

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An Ounce of Prevention or a Pound of Cure? The Value of Health Risk Information (Job Market Paper)

When a person witnesses a family member's health event, they learn about their own medical risk. I assess whether people correctly interpret new information from these events and analyze resulting welfare implications. When an individual is diagnosed with a new chronic condition, unaffected family members increase their healthcare spending by over 10%. Informational spillovers are associated with increased use of both high- and low-return care, including take-up of new services and increased adherence to extant ones. I show these responses are consistent with individual reevaluations of health risk and reject other mechanisms. To assess welfare implications, I estimate a structural model of health choices in which individuals learn about risk after health events reveal information. I find that consumers over-respond to recent, salient health events by over-weighting their risks *ex-post*. This over-responsiveness leads to annual welfare losses of $2,788 per family on average; suppressing responsiveness results in net gains for 86% of households. Revealing health risk information can be optimally targeted on household demographics to improve social welfare gains.

Out-of-Pocket Costs for Preventive Care Persist Almost a Decade after the Affordable Care Act (with Paul Shafer)

Higher cost-sharing reduces the amount of high-value health care that patients use, such as preventive care. Despite a sharp reduction in out-of-pocket (OOP) costs for preventive care after the implementation of the Affordable Care Act (ACA), patients often still get unexpected bills after receiving preventive services. We examined out-of-pocket costs for preventive care in 2018, almost ten years after the implementation of the ACA. We quantify the excess cost burden on a national scale using a partial identification approach and explore how this burden varies geographically and across preventive services. We found that in addition to premium costs meant to cover preventive care, Americans with employer-sponsored insurance were still charged between $75 million and $219 million in total for services that ought to be free to them ($0.50 to $1.40 per ESI-covered individual and $0.75 to $2.17 per ESI-covered individual using preventive care). However, some enrollees still faced OOP costs for eligible preventive services ranging into the hundreds of dollars. OOP costs are most likely to be incurred for women's services (e.g., contraception) and basic screenings (e.g., diabetes and cholesterol screenings), and by patients in the South or in rural areas.

Who do Innovations Reach? The Influence of Training on Mental Health Treatments

As fields become more specialized, ineffective communication between innovators and practitioners can slow the diffusion of ideas. This paper examines the impact of continuing education in eating disorder treatment, comparing the take-up of (i) tangible innovations (psychopharmacology) and (ii) intangible innovations (psychotherapy) following professional conferences. I use a novel extension of an estimator proposed by Calvi, Lewbel, and Tommasi (2021) in an event study setting to overcome data limitations. I find very small responses among therapists for both kinds of innovations, suggesting that continuing medical education is not an important channel for treatment diffusion. Therapists respond more to education in pharmacology than psychotherapy, being about 3 percentage points more likely to write new prescriptions following a conference. This increase occurs mainly for adolescent patients being treated by non-psychiatrist prescribers. Response to purely psychotherapeutic innovations is limited to more academic-oriented specialists such as psychologists.