

Contents Inside

- ◆ Health Econometrics Workgroup at UW-Madison: John Mullahy
- ◆ Health economists in the blogosphere: Austin Frakt
- ◆ Interview with Randall Ellis
- ◆ Symposium: Academia Beyond Economics
 - Introduction
 - The Life of a Health Economist at a School of Public Health: Susan Busch
 - Health Economists in Schools of Public Policy: W. David Bradford
 - Be a Health Economist in a Medical School: Daniel Polsky
 - Health Economists in Business Schools: Mission and Margin: Guy David
- ◆ Comments from the Executive Director: Richard Arnould

Symposium on Academia Beyond Economics

Health Econometrics Workgroup at UW-Madison
John Mullahy



John Mullahy
University of Wisconsin-Madison

In April 2009 I returned from a week as a visiting scholar at the University of York. Among the goings on that impressed me there were the activities of the Health, Econometrics and Data Group (HEDG), in particular the regular discussions of the applications of econometric methods to problems in health economics, discussions that involve faculty, postdocs, and doctoral students.

About a week after I returned from York, two relatively advanced UW-Madison doctoral students in health economics approached me with the not-uncommon concern that while there was considerable doctoral training in econometric theory, students felt inadequately trained in applications of econometric methodology to empirical studies in health economics. Perhaps not surprisingly, it turned out that others working or studying in different settings were similarly situated. Indeed, for many of us this is a rather old story. There is a widely held recognition that much of the methodology of modern econometrics holds promise for addressing important empirical questions in health economics, but when, where, why and how to apply such methods is often less than straightforward.

Spurred by this coincidence of interests, I proposed to a broad group of doctoral students, postdocs, and faculty working in or proximate to health economics that a workgroup begin meeting during the summer of 2009 to engage in what might be thought of broadly as problem-driven learning in health econometrics methodologies. The response was quick and enthusiastic; my email had clearly

Continued on page 7

Health economists in the blogosphere - Austin Frakt



What can a health economics blog do for me? I get asked this all the time. Family, friends, and colleagues want to know more about the benefits of reading and writing blogs. At the risk of violating good research technique, I'm going to address these issues by extrapolating from a sample of one: me and my life in the blogosphere as a health economist.

And, at the risk of deterring you from reading the rest of this column, I'm going to use good blogging style and give you the punch line right up front: blogging has been both personally and professionally rewarding to me, with benefits that far outweigh the costs.

Let's start with reading blogs. Why bother? Isn't all the news and information you need in the paper and journals anyway? If you're keenly interested in or do policy-relevant work then the answer is no. When it comes to health policy, the last two years have shown that the most timely and accurate information is in the blogosphere. What makes it into the papers is far less detailed, buried in every story amid the same background that one need only read once, and late. (For access to a list of blogs I recommend to keep abreast of health policy, see the insert.

Though I think many could benefit from reading blogs, I think far fewer (but more than zero!) could

Continued on page 8

Interview with ASHEcon President Randy Ellis

Can you tell me a little bit about how you went from Ph.D. work on electric utility pricing almost immediately into a career in health economics?

I am now a health economist largely because of the wonderful colleague and next door neighbor at BU when I first arrived – Tom McGuire. Tom enticed me to use my econometrics and IO theory on health care markets rather than electricity markets, and since then I have never done any serious research on energy. While the two subjects might seem different, I find them to have a lot in common: markets where pure competition rarely works well; complex, multiperiod consumer decision-making; lots of government regulation; concerns about access; nonlinear price schedules; uncertainty; and multi-good production and demands.

Risk is an important component of your research and perhaps also your career. Wasn't health economics a risky choice for a young tenure track economist at Boston University?

While I did get one NSF grant on electric appliance demand, the risky part of my career in the early 1980s was that there were a lot more energy economists relative to health economists, and I wasn't getting stuff published fast enough. Great health care data sets were just beginning to become available, and Tom helped me to both jointly and independently apply for grants that supported me apply IO theory and econometric tools to health economics topics. Working with a colleague who is good at conceptualizing problems and following through with polishing and submitting papers for publication in good journals is a low, not a high risk career switch. By the time I came up for tenure, I was well established as a health economist.

This issue of the newsletter includes a symposium on health economics careers outside of economics departments and the last issue focused on careers outside of academia. The one perspective we are lacking is that of an economics tenure home. Do you have any advice for a newly-minted Ph.D. about a career in academic economics?

Academics is a terrific career choice for a person who is well-trained, able to identify interesting questions, highly self-motivated to push through the completion of papers, and not intimidated by all of the other really smart people in academics. A growing number of universities and colleges realize that health economics is a field in high demand for courses,

and with an abundance of funding relative to many other fields in economics, particularly since the recent health reform have created so much change and uncertainty. There is destined to be a high demand for professors in this area for many years to come. If you love teaching, there is always a demand for good teachers, although the supply is pretty elastic. The key to success at top universities is to be sure to make time to write and publish, aiming high. Interesting research leads to inspired teaching. The chances of tenure at top universities are good if you always aim high and work hard for it. One of my early secrets to success was to buy a case of champagne, keep a bottle refrigerated always, and celebrate with someone special every time you submit something to a journal or funding agency. The acceptance or not of the paper or proposal is always up to some random people, but the submission is all about your own success.

Your work in risk adjustment has a profound impact on the way providers are reimbursed by Medicare and other payers (as recognized by the by the Health Services Research Impact Award in 2008). What got you started on this research path? How will health reform affect predicting risk and risk-based adjustment?

Again, it was my mentor who helped me get started. Tom invited me to collaborate with a statistician (Arlene Ash) and some physicians on this back in 1986 on a one year project funded by the Health Care Financing Administration (now CMS). One successful project led to ten more, ultimately culminating fourteen years later when CMS adopted the first of its diagnosis-based risk adjustment models in 1999. I think the secrets to our success in this area are that we keep things practical, and emphasize the basics in our work. For example, we started out using OLS in our early work with large data sets (> 1 million obs) when OLS was not very popular, and much of the research community was initially very critical. More of the profession now appreciates the simplicity and flexibility of OLS, which can accommodate 15 million observations and thousands of right-hand side regressors while adjusting for partial year eligibility. Health reform has only increased the importance of risk adjustment, both for the health insurance exchanges, where fair payments in the presence of strong selection incentives are incredibly important to build in, and in various policy changes such as the patient-centered medical home and pay for performance

Continued on page 9



Randall Ellis, Boston University

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Mission Statement:

The mission of the newsletter will be to develop the social capital of the health economics profession by providing a forum for community building and networking among health economics faculty, researchers, and students. This newsletter will be published thrice yearly and is not intended to engage in advocacy or to provide information already available in other newsletters.

Introduction

If you want to find an economist in academia, look in the Economics Department, right? Not necessarily! Health economists can be found in many different academic venues and each one offers its own unique set of opportunities

and challenges. We have assembled a panel of experts to share their perspectives on working in schools of medicine, policy, public health, and business. This is the second part of our symposium on careers in health economics. See the

previous issue of the newsletter ([link here](#)) for perspectives on careers outside of academia.

Melayne Morgan McInnes
editor

The Life of a Health Economist at a School of Public Health *Susan Busch*

Most economics graduate students don't envision a career in a school of public health when they enter graduate school. Yet, for a health economist there are lots of reasons to consider this career path.

One obvious distinction between a department of economics and a department within a school of public health is the degree of specialization within the department. This can have important implications for your daily life. A school of public health is likely to have more health economists than even the largest economics department. In my relatively small department (we have about 12 ladder track faculty), there are five health economists. This concentration gives an economist many opportunities to discuss new ideas with colleagues, even though they may focus on different research areas. In my department, for instance, these include development economics, the effect of health behaviors on health, the study of health insurance, cost effectiveness studies, and studies of physician behavior.

The faculty at a school of public health may come from many disciplines, such as epidemiology, operations research, sociology, political science and organizational behavior. But they will all be interested in the application of these disciplines to the study of health and health care. This makes it easy to do multi-disciplinary research. A school of public health is also likely to have a weekly seminar directly

related to the study of health or health care, although the presenters may not all be economists.

This concentration of health-specific faculty studying health has a downside. If you do not want most of your research portfolio to be related to health, or you are not sure you want to focus the rest of your career on health, a school of public health may not be a good fit. It is difficult to move to an economics department, although a faculty position at a school of public policy might be possible.

Another important distinction between an economics department and a school of public health is that in many public health schools you will be expected to raise some research funding. It is typically expected that you will fund between 50 and 70 percent of your salary from extramural sources, although the expectations are often more modest for junior faculty. This funding expectation comes with a distinct advantage—low teaching loads. Teaching 1 or 2 courses a year (often in the same semester) gives you substantially more time to focus on research than many departments with 2/2 or higher loads. This is especially important when you are making the transition from graduate student to novice teacher. In addition to having more time to focus on research, the need to raise money encourages you to focus on problems with real world applications, while having some unfunded time can allow you the flexibility to pursue research no one else thinks is interesting (yet!). On the other hand, writing grants can be time



Susan Busch
Yale School of Public Health

consuming and frustrating, particularly if funders do not share your research interests.

Departments in schools of public health vary in their requirements for promotion. This is an important consideration for new graduates considering a career in public health. Remember to ask lots of question about promotion norms. For example, faculty trained in other disciplines may fail to understand publication expectations in economics. Before accepting a position, you should consider asking about the department's track record of promoting economists. In many departments, obtaining your own investigator-initiated grant funding is a requirement for promotion. As in any department, it is important to have frequent frank conversations with your Dean and department chair about the requirements for promotion, and how your curriculum vitae compares with those of faculty who were recently promoted. ♦

Health Economists in Schools of Public Policy - W. David Bradford

Unlike many economists – say, those studying macro – health economists may live their academic lives outside of an economics department. In my career, I've been fortunate to sample life in three settings: a department of economics, a medical school, and (now) a department of public policy. While there are clear advantages and disadvantages of each, my charge for this column is to say something about what life is like in policy settings. It is reasonably straightforward to predict what a new health economist can expect from a department of public policy - whether a particular economist will find the setting optimal is a bit harder. Let me explain what I mean.

The most striking – and perhaps most dislocating – impression for health economists trained in an economics department will be the strong inter-disciplinary flavor of a policy department. Far beyond the relatively slight distinctions in world-views between macro, public or labor economics, policy departments will be populated by individuals who approach questions using tools of political science, sociology, management, and services research – to name a few disciplines. Newly trained economists must learn that while our field places an emphasis on mathematical and statistical elegance and abstraction, other disciplines have their own methods which are rigorous in ways not immediately obvious to eyes accustomed to the pleasures of existence theorems and Borel sets. Learning to be interested in the questions other fields pose, and the answers they generate, while maintaining one's own focus as an economist is an extremely important skill.

The second striking characteristic that health economists will note – especially those trained in departments of economics – is the great freedom that policy departments provide for research. While

no academic area is immune to frustrating, and often puerile, arguments over what journals are best (and therefore should be counted for tenure) and what journals are secondary (and therefore should not be counted for tenure), my experience is that these arguments are distinctly less pronounced in policy departments. This is, of course, mostly a function of the interdisciplinary nature of the department. The economist (sociologist) will find it difficult



W. David Bradford
University of Georgia

to know ex ante what outlets are “best” in sociology (economics). The result is a refreshing open-mindedness, where the value of a publication will often be judged on its impact, rather than its masthead. Publish where you want – just do important work.

Thirdly, unlike medical or public health schools, there is often a lesser imperative to secure extramural funding for one's research. Policy departments are more commonly “traditionalists” from a labor-market perspective: nine-month appoint-

ments, “hard” money, and moderate teaching obligations. This will be familiar terrain for many economists, accustomed as they are to the regularity of an academic calendar.

All of this sounds great, I suspect, to most readers of the ASHEcon Newsletter - and it is. However, there are some challenges. Philosophically, most policy departments will be places where the benefits of gov-

ernment intervention are seen as self-evident. Suggesting that we might leave some problem to be solved by the market can be met with blank stares; explaining why a government intervention may be distinctly disadvantageous can prompt colleagues to reach for the pitchforks and torches. In other words, economists may not represent the median voter in policy departments. But, with an eye to the advice in my second paragraph,

such frictions can be the spice of a varied and exciting intellectual life.

Health economics is among the more policy-oriented sub-disciplines of economics. In many ways, we are ideally suited for policy settings: there are many imperfections in the health sector that would cause the most market-oriented of economists to reach for government intervention; there is a wealth of data; and, our work fits in perhaps the widest range of relevant journals of any economics sub-disciplines. This means, for many health economists, a department of public policy can be the best of all worlds. Just don't tell anyone; we wouldn't want our wages bid down! ♦

Be a Health Economist in a Medical School - *Daniel Polsky*



Daniel Polsky
University of Pennsylvania

I joined the faculty of the Division of General Internal Medicine at the University of Pennsylvania School of Medicine in 1996 after finishing my Ph.D. in Economics from Penn. Even though I am not a “real doctor” the medical school has provided me with a fulfilling and rewarding career as a health economist. I am not an isolated case as there are dozens of economists with academic careers in medical schools. And from what I can gather, we are a happy lot. For junior economists considering possible career paths, I medical schools can offer fantastic opportunities. To take advantage of these opportunities, however, requires bridging the cultural differences from more traditional tracks for economists.

Understanding soft money is the key to understanding a career in a medical school. You would think that after 5 years getting a Ph.D. in Economics, you’d know everything you need to know about money, but soft money tends to be a new concept for many junior economists. Basically, soft money is the proportion of one’s salary one is expected to cover through grant funding.

This “soft” support can be up to 80-100% of one’s salary rather than the typical 25% for a 9 month hard money position. This can seem daunting to the uninitiated, but opportunities for funding through medical research dwarf opportunities in economics: the NIH budget is 100 times greater than the NSF Social and Economic Sciences budget. A soft money position requires greater attention to writing grant proposals and less time for teaching or possibly writing papers. But these grant proposals become detailed research plans for my projects that I probably would not have created otherwise.

The path for entry into a medical school for an economist will largely be determined by whether there is a bridge available for that “soft” support. Official faculty slots in a medical school will typically come with a start-up package with sufficient support to allow a junior faculty member to develop a grant portfolio. There are also a wide variety of career development awards that can extend the time necessary to develop into an independent investigator leading grant funded projects. These opportunities are typically listed in the JOE, but they are relatively rare.

An alternative path is through less formal means. I started working with faculty members in the medical school as a graduate student doing SAS programming. These collaborations led to the creation of my faculty job. Through this path, my bridge to independent funding came through the training I received while working on the grants of others. It took me about 5 years before I covered my salary entirely through self-initiated projects. As the attention to the great economic issues within health and health care continues to grow, the opportunities for employment in medical schools for health economics will grow as well, particularly for those willing to collaborate and embrace the grant driven environment.

Yet it is not all about grants. One must publish in order to progress toward promotion. The tenure process is similar to traditional economic careers, but CVs of medical school health economists look nothing like that of a traditional economist. Almost every paper I’ve been on has had over 3 authors, while most economists have never been on a paper with more than 3 authors. To signal greater contribution on a paper, it is important to be a first author or the last author. Quantity is also more important in medical school than an economics department. As a result, it helps to have a mix of publications in clinical and economics journals as the time necessary to complete a clinical paper is a fraction of a typical economics paper. Many tenure committees understand this, but many do not. A final word about tenure in a medical school is that some faculty positions for economists will not be on a tenure track. But because even tenured professors - like myself - depend on soft money, the security of a tenured job is not much different from a non-tenured one.

I am grateful for finding the perfect home for my academic career. My Ph.D. experience was frustratingly theoretical, but then I landed in a job where the demand for applied economics overwhelmed the supply. I sit among those who crave the application of the tools that I was trained to use. I couldn’t ask for more. Oh, one more thing. I get paid more – much more. ♦



Guy David

University of Pennsylvania

The reasons for hiring health economists in business schools are often rooted in idiosyncratic historical tales of visionaries, philanthropists and administrative wars. On one level it's true that once you've seen one business school, you've seen one business school, as faculty positions vary in their orientation, career path, challenges, and likelihood of promotion. Still, there are important distinctive features that set business school health economists apart from their medical school, public health school, and economics department counterparts.

Comes with the territory: your colleagues

Health economists with background in Industrial Organization, Public Finance, or Information & Uncertainty bring unique skills that continuously foster interaction with faculty in finance, management, operations, marketing, and other micro economists, as well as with the leaders in the healthcare industry. These interactions open the door to a wealth of new ideas,

fueling research projects that deal with manufacturers, providers and insurers.

Teaching and mentoring MBAs

John Slaughter, former president of Occidental College, was quoted as saying that "Research is to teaching as sin is to confession. If you don't participate in the former, you have very little to say in the latter." To take this a step further, for the business school health economist, the experiences of "sin" and "confession" are intimately linked, as many opportunities exist for designing innovative courses. By designing three new courses at the undergraduate, the MBA, and the PhD level, all built around my own research interests, I have not only deepened my topical knowledge, but have had the chance to continuously try out new ideas before students with broad business experience and impressive academic backgrounds. With students who have working for hospitals, insurance companies, government agencies, pharmaceutical companies and device manufacturers, each lecture becomes a truly bi-directional learning experience. My MBA students could not care less about first order conditions or exclusion restrictions, but they force me to be relevant, up-to-date, and stay on my toes for unexpected new perspectives.

Funding streams: the best of both worlds

Much like policy schools and economics departments, business schools rely on "hard money"—institutional funds such as tuition revenue—allowing faculty to pursue work without dependence on extramural research grants, or "soft money." At the same time, business school faculty often have opportunities to initiate or collaborate on grant submissions, affording access to both challenges and benefits of grant writing. While submission of competitive grants is not necessary for success as a business school faculty member and it often requires a substantial time investment, these submissions can offer

incentives to young researchers to craft detailed research project proposals and gain early feedback in addition to the financial support that comes with a successful application.

In summary, the experiences of health economists working at business schools are often shaped by distinct considerations of teaching, collaboration, and funding that set them apart from traditional economics, medical school, public health, or public policy faculty positions, bringing with them unique challenges and rewards. ♦

struck a raw nerve. The workgroup met about five times during the summer of 2009, and at the end of the summer the group felt our activities to be sufficiently worthwhile to continue the endeavor. As such, we met twice monthly through the 2009-2010 academic year, with a session typically running 75-90 minutes.

There have generally been 12-15 attendees at each session representing a balanced mix of doctoral students, post-docs, and faculty from Population Health Sciences, Economics, Agricultural and Applied Economics, and Sociology. While not achieved by design, I feel the 12-15 size works well for us: too much smaller and a critical mass of energy and ideas would be lacking; too much larger and the informal conversational style of the gatherings would be jeopardized. The structure is informal, with no course credits involved.

Procedurally, a session's volunteer discussion leader typically selects one (occasionally two) paper(s) from the health economics literature that utilize the method(s) of interest, provides an overview and critical assessment of the empirical methodologies, and raises outstanding issues and questions for group discussion. In many cases the session's discussion leader is working on an empirical project or projects in which the method(s) in question figure(s) prominently. Although some higher-level theoretical issues are occasionally in play, the focus is generally on a method's mechanical nuts and bolts, on its merits and shortcomings in addressing empirical problems, and on its implementation. While the nitty-gritty of programming is usually not the main focus (some exceptions noted below), the fact that virtually all participants are Stata users does facilitate some of the discourse.

Topics we covered over the past year include:

- * marginal structural models (several)
- * interaction effects
- * spatial econometrics
- * quantile decomposition
- * regression discontinuity
- * hierarchical/multilevel models
- * health dynamics in panel data
- * association and dependence
- * copulas
- * instrumental variables estimation with heterogeneous effects
- * analyses using propensity scores
- * survivor bias
- * selection on observables and unobservables
- * empirical models for analyzing insurance markets
- * bootstrapping in Stata
- * programming in Mata

A bibliography of the papers that have been discussed in the workgroup appears below. The evolving list of topics to be considered in the future includes: finite mixture models, programming in R, Markov and hidden Markov models, unconditional quantile regression, power analysis, graphics in Stata, and others.

The workload for the workgroup's organizer (me) has been minimal. It entails soliciting ideas and volunteer discussion leaders for each session, obtaining and distributing electronic versions of the paper(s) (typically distributed the Friday prior to the following Wednesday's meeting), and sending one or two reminder emails. On average this amounts to 10-15 minutes per week.

Wisconsin is certainly not unique in having a community of researchers who are jointly (a) focused on empirical problems in health economics and (b) intrigued about the potential application of modern econometric methods to such problems. With minimal organizational effort and time commitment, our experience suggests that such scholars can come together to exploit synergistically their expertise and interests.

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Please feel free to contact me with any questions or issues. jmullahy@wisc.edu

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Continued on page 9

from writing one. If you ask me if you should blog, I'll answer with this question, "Do you love to write?" I mean, are you really compelled to write weekly if not daily? If not, forget about blogging. Or, more simply, if you have to ask, it's probably not for you.

Having first blogged for several months as a guest on a friend's personal financing site, I launched *The Incidental Economist* in the summer of 2009. (By the way, if you're unsure about blogging, a good way to see if it is for you is to do some guest posts on someone else's site, as I did.) Recently, I teamed up with Aaron Carroll,

This wider recognition has been enormously beneficial to me. And it isn't about vanity. It's about access. Though I am affiliated with Boston University's School of Public Health, my office is at a VA hospital in Boston. There are very few other economists with whom to interact. Those that occupy nearby offices have expertise similar to mine, insufficient diversity to help expand my horizons. Before blogging and receiving some recognition for it, likely few others in my field knew my name (or so it seemed).

Now it feels as if every member of the academic health economist community--as

They do not come without cost. Blogging takes time, though not as much as you might think. Perhaps about three-quarters of what I post is directly related to the work I do. So the blog is my notebook. I recycle other writing I've done for the blog. Pieces of papers and parts of proposals get posted if they're relevant to the policy debate. Or, as I am working on an idea and reading the literature--your papers--I post bits of those too. Then, when it is time for me to write my own paper or prepare a talk, I just search my blog for the related reading I've summarized. It's actually very efficient.

Blogs recommended by the author on health policy and economics can be found at:

<http://theincidentaleconomist.com/my-google-reader-bundles/>

For further information on an efficient way to read blogs see the video at:

<http://youtu.be/0klgLSxGsU>

a physician, professor, and health services researcher at Indiana University. Our mission on the blog is to bring health economics and health services research to the health policy debate. To my surprise, there are almost no other blogs that serve this role. I am aware of just two that routinely focus on topics in health economics: *The Healthcare Economist* by Jason Shafrin at Acumen, LLC and *Free for All* by Don Taylor of Duke.

Within a few months of writing daily posts that related health economics and health services research to the health reform debate, more prominent bloggers and journalists began to link to my posts--and later Aaron's--and members of the health economics community started noticing. You started e-mailing me, sending thoughts and papers, and, without exception, telling me I was doing a good job. Thank you!

well as some others in related fields--is a colleague. When I e-mail someone at a distant institution and whom I've never met, he or she responds quickly with answers to the questions posed. More often than not the reply includes the sentence, "I know you from your blog. It's really great!" or similar. Again, thank you.

Believe me, this is no small benefit. My productivity as a researcher has increased from the short-cuts facilitated by contact with experts. The literature and ideas sent to me by other scholars have enhanced my knowledge of the field. You keep me honest and you help make me and the blog better. And, of course, writing every day knowing that experts like you are reading has forced me to refine my thoughts, make sure they're right (or as right as I can make them), and generally imposed discipline on my thinking. These are tremendous benefits.

Nevertheless, it wouldn't work if I didn't love to write. It's more than love, it's a necessity. I'm compelled to write. Blogging is just a way to do it publicly so everyone else can benefit, and thus I benefit from your reaction. The externalities are all positive. But one can't blog successfully without a love for writing. Thus, the answer to the question, "Should I blog?" is simple. If you have to ask, the answer is clearly, "No." But, if you love to write, there's room for more health economists in the blogosphere. Jump on in. If you do, please send me a link to your blog. I want to read it.

Austin Frakt is a health economist and an Assistant Professor of Health Policy and Management at Boston University's School of Public Health. He blogs at *The Incidental Economist*. ♦

Interview with Randall Ellis

Continued from page 2

measures. I am biased, but I look around and see the need for risk adjustment almost everywhere.

What led you to become involved with ASHEcon and where do you see the organization headed?

I have been interested in international health economics issues in both developed and developing countries since early in my career. Early on I was willing to spend effort helping out with iHEA, and was fortunate to be included in the early planning for ASHEcon. ASHEcon is now on its own and as the first three conferences and this newsletter attest, has enormous popularity and future potential. It has been great to see it grow as a popular conference for US health economists, and I enjoy seeing the cross fertilization by many foreign health economists also becoming involved in ASHEcon. I think our particular strength is rigorous theory, empirical methods, and well-grounded policy research, and it is important to build ASHEcon to embrace all three dimensions.

What's next on the horizon for you?

I currently love being on sabbatical in a medical school setting, which is so invigorating and idea provoking. Spending time in foreign countries regularly is also always broadening: I recommend them both to all health economists. I am happily writing papers about payment systems in support of primary care reform, and if I am lucky and my ideas are right, perhaps I can have an impact on that line of policymaking. I also have another major proposal pending at the NIH, which if successful would end up being another significant line of new research. Helping lead ASHEcon to become all that it can be is also high up on my list of goals.

Can you do anything about the name ASHEcon?

Blame the flaws of a committee decision-making process if you don't like this acronym more than some other alternative. I still subscribe to the newsletter from the original and now ASSA-recognized ASHE – the American Society of Hispanic Economists – which appropriately owns that acronym among economists. ASHEcon will grow on you – and our profession – over time. ♦

Randall Ellis was interviewed by **Melayne McInnes**.

Health Econometrics

Continued from page 7

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Your Ad Here!

Coming Soon:
Advertising in the ASHEcon newsletter

To cover the cost of printing and mailing the newsletter, we will offer space in the newsletter for advertising. The rates are comparable to advertising in the conference program. Please contact Melayne McInnes, mcinnes@moorel.sc.edu, if you would like more information. All ads are subject to approval by the editorial board.

Organizational Member rates:

1/4 Page Ad: \$175
1/2 Page Ad: \$275
Full Page Ad: \$475
Back Cover: Highest Bidder

Non-Organizational Member rates:

1/4 page Ad: \$400
1/2 Page Ad: \$600
Full Page Ad: \$1,000
Back Cover: Highest Bidder

Also Coming Soon: Job postings on the ASHEcon website
We will be charging \$50 per week for Organizational members and \$100 per week for nonmembers with a minimum of 4 weeks.

Comments from the Executive Director

We have made it through the 3rd Biennial ASHEcon conference is great shape. The conference report maybe out by the time you receive this email, but a couple things are worth noting. There was record of almost 750 people in attendance; there were over 500 oral presentations and 115 poster presentations. Of those responding to the online survey, over 93% gave the conference a rating of 4 or 5, where 5 is the highest score. The quality of papers received very high ratings. Equally important is the fact that in no area was there a low rating.

Now work is being done on the transition to new management which means a number of changes are in the air. I want to highlight a few of those changes and note that we hope to make this transition as smooth as possible.

Important Changes

ASHEcon's new management team is headed by Charmaine Wright who is assisted by Betty Smith. Please do not delete without opening email messages from either of them.

We are fortunate to have a lead volunteer assisting and directing the change-over. In addition, she is leading us in the process of updating information on the website. So keep tuned in for changes. Of particular importance is the fact that we will be publishing news items of upcoming events as notes on the websites.

You already should have received an email letter from President Randy and me explaining changes in membership dues made by your Board at its June meeting. Of special note is the move to two year memberships for individual members at a

rate of \$120. The purpose of this change is to somewhat smooth revenue flows between conference and non conference years. Also, it will reduce the problems of policing the requirement that conference session and individual abstract



Dick Arnould
University of Illinois Urbana- Champaign

submissions require membership in the prior as well as the conference year. You will soon receive an email giving complete instructions as to how to join or renew your membership.

Regards,

Dick Arnould

Other changes are:

New address: 725 15th St., NW, Suite 600, Washington, DC 20005
New phone: 202-737-6608, fax: 202-737-7308
New email: ashecon@aol.com

The new ASHEcon website is:

[http://ashecon.org/.](http://ashecon.org/)

Upcoming events

4th Biennial Conference:

Plans are well under way for the 4th Biennial Conference to be held at the Carlson School on the campus of the University of Minnesota, June 10-13, 2012. **Mark the dates.**