

**Volume 3, Spring 2009**

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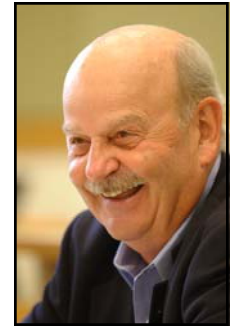
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**News from Executive Director  
Richard J. Arnould**

Whew!! That is my sigh of relief following the Second Biennial Conference at Duke this past June. This sigh is a happy one. The Duke Conference Report is completed and posted on the ASHEcon website. It includes a detailed review of the conference. Let me discuss a few highlights in this newsletter. I am happy to say every aspect of this report is positive. Those in attendance who provided an evaluation of the conference gave it very high marks—ones that even surpassed the high rating of the Madison conference.

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**Executive Director  
Richard J. Arnould**



**Thomas E. Getzen  
Executive Director, iHEA  
Professor of Risk, Temple University**

**Board Member Biography: Thomas E. Getzen**

The career paths of health economists frequently involve several twists and turns, although mine may have been more convoluted than most. After majoring variously in Math, Physics, Psychology and Philosophy, I took a degree in Literature and ended up at Union Theological Seminary (there was a draft in '69 and I understood incentives even though I had not yet taken any economics courses), then segued into the New York City Health Department and the CDC. After several years in infectious disease control, I entered the MHA program at University of Washington. Once there, I resolved to stay on campus for the rest of my days – a decision made somewhat more complicated by the arrival of two children. The generous PHS grants and state subsidies were shrinking, and I needed to find a fellowship, fast. Epidemiology seemed appealing, but it became clear that the lack of an M.D. degree might hamper my advancement, and once I finally did take an economics course, I was hooked. *(Continued page 6)*

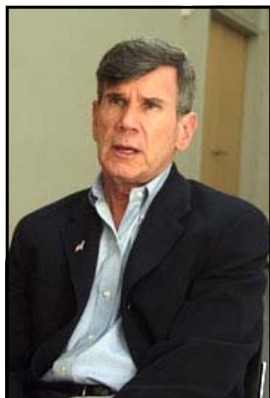
**Data Points by Kosali Simon**

Here are two great web pages that make health economics data more readily accessible:

- **NBER's Data page (<http://www.nber.org/data/>)**  
This webpage offers a collection of data sets such as the Vital Statistics collection and standard national household surveys, all in a format that is easy to use.
- **ResDAC ([www.resdac.umn.edu](http://www.resdac.umn.edu))**  
The Research Data Assistance Center is a CMS contractor that provides free assistance to academic, government and non-profit researchers interested in using Medicare and/or Medicaid data for their research. ResDAC is staffed by a consortium from the University of Minnesota.

To find out more, see pages 3 and 4 for brief interviews with Jean Roth, Data Specialist, NBER, and Barbara Frank, Director, ResDAC.

## News From ASHEcon President Michael Grossman



*Second biennial conference.* Our second biennial conference at Duke University, which was held in June 2008, was a great success. Attendance was high, both at the conference and at the sessions; the papers were excellent; and most health economists, from the most senior to PhD students, were present. The conference received high marks based on evaluations distributed to those in attendance. Dick has provided more information in his statement. The full report can be found on the ASHEcon website (<http://healthconomics.us/>)

*New acronym.* To avoid conflicts with other organizations, our acronym has been changed from ASHE to ASHEcon. This will facilitate our ability to sponsor sessions at the Allied Social Science Associations annual convention. The new acronym was decided by a vote of the Board of Directors. Recognizing that this is a bit awkward in print form, we decided to keep this acronym in the hopes that we could continue to be referred to as 'ash'. We continue to work on an official eye catching way of displaying this acronym. Let us know if you have any ideas.

*ASHEcon independence.* The Executive Director, Officers, and Board are hard at work at making ASHEcon an independent organization. The goal of independence by 2010 was established by our charter and is being encouraged by iHEA. We are in the process of reviewing a minimum of two, and possibly more, management models. The official separation does not occur until the end of 2010. However, many things must be in place prior to that time to facilitate a smooth transition.

*Activities at 2010 Allied Social Science Associations Convention.* As has been the case in the past, we will sponsor a luncheon at the ASSA Convention in Atlanta. Currently, the officers are recruiting a speaker. Members are urged to attend the sessions sponsored by iHEA at the convention. We are organizing these sessions and hope to sponsor them officially in the future.

*Cornell Conference.* The Executive Director, Officers, Board, and the Cornell planning committee are hard at work on our third biennial conference to be held in June 2010. As was the case for the Duke conference, we will try to obtain grants from NIH, AHRQ, private foundations, and pharmaceutical companies to keep down the costs of the conference to members. This will also help to ensure that we have enough resources to host a high-level, quality conference. If you have any leads, please contact our Executive Director, Dick Arnould ([rarnould@ad.uiuc.edu](mailto:rarnould@ad.uiuc.edu)) or contact me ([mgrossman@gc.cuny.edu](mailto:mgrossman@gc.cuny.edu)).

*Future Conferences.* I am very pleased to announce that work is well under way to hold the 2012 conference at the Carlson School at the University of Minnesota, with Steve Parente as Chair of the Local Committee.

*Organization Memberships* I want to reiterate Dick Arnould's statement encouraging you to be certain that your organization is an Organization Member. Different classes of membership were collapsed into this category to simplify the description of membership benefits. The funds generated by these memberships are very important to the operation of ASHEcon and provide the Organization Members with many benefits. Details can be found on the ASHEcon website (<http://healthconomics.us/>).

### ASHEcon Newsletter-Volume 3 Spring 2009

#### Editor's Note

The newsletter is back from a brief hiatus and I'm happy to announce the addition of two fantastic co-editors: Anthony Lo Sasso and Kosali Simon. One innovation from the new team is the *Data Points* column providing tips and sources for health economics data. We have great plans for two symposiums for the next issue of the newsletter: Health Economics in the Classroom and Health Economics Careers Outside Academia. Feedback, ideas and volunteers are welcome! Hope this issue finds you as happily "hooked" on health economics as our Board members.

Best,  
Melayne Morgan McInnes  
Editor  
*University of South Carolina*  
Anthony T. Lo Sasso,  
Co-Editor  
*University of Illinois at Chicago*  
Kosali Simon  
Co-Editor  
*Cornell 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.

## Board Member Biography: Dana P. Goldman

*What path brought you to health economics?*

I had every intention of becoming a labor economist or applied econometrician when I started graduate school. Somewhat on a whim, I decided to take a cost-effectiveness class taught by Alain Enthoven and Alan Garber. While that was going on, Alan Garber invited me to join him on a report he was researching for the (now defunct) Office of Technology Assessment. I started looking into the Orphan Drug Act - and the perverse incentives it created for research and development when drugs are covered by third party insurance - and from then on I was hooked.

*What kinds of help did you receive along the way? Who were your mentors?*

Health economics is a wonderful profession since the pioneers of the field are so supportive. I have been supported by 'two generations' of Stanford health economists (Victor Fuchs and Alain Enthoven, and Vic's student Alan Garber), but also from people like Joe Newhouse, who has been extremely supportive despite the fact that we have never lived at the same institution.

*What are you most proud of in your career?*

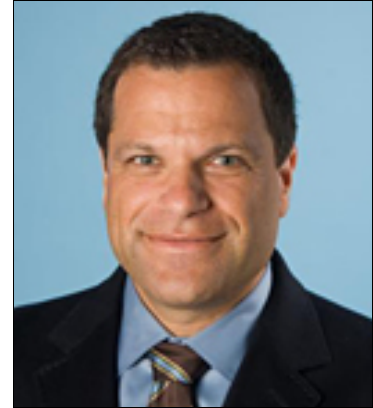
Two accomplishments come to mind. First, that we were able to demonstrate that one of the most powerful behavioral interventions to improve drug adherence is price. Second, demonstrating that it is not just access to treatments that affects health disparities, but also compliance. In other words, that disease self-management has a role to play in explaining socioeconomic gradients in health.

*What do you see as the big issues in health and health economics?*

The issues never change - costs, promoting value, etc. I think the more interesting issue is how the prolonged recession will impact health and health reform that is NOT government financed.

*What's next on the horizon for you?*

Get off a plane.



**Dana P. Goldman, Ph.D.**  
**Chair and Director,**  
**Health Economics, Finance, and**  
**Organization RAND**

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## Interview with Jean Roth, Data Specialist, NBER

*I didn't know there was a place on the NBER website where I could find data sets and such. Tell me more!*

The mission of the NBER is to lead to a better understanding of the economy, and the data collections section is one service provided to the general research community to further that mission. The collection has been around for a while--started in the mid 1990s; I've been in charge of building and maintaining the collections since 2000. The goal of the page is to make data sets easier to use, by providing access to the raw data and statistical input statements in one location so researchers can avoid having to reinvent the wheel or have to search widely to find these data. In particular, the data series like CPSs and Vital Statistics available on NBER go further back in time than can be found from elsewhere easily. The website contains standardized input statements to allow Stata, SAS and SPSS to use these data.

*What determines whether a data set gets included in this collection?*

The list of what's included there is driven by interests and requests of researchers. Some items have been contributed by the community (e.g. the scanned in copies of older Vital Statistics data). Among the most downloaded items are the Current Population Survey (CPS), Survey of Income and Program Participation (SIPP), and Healthcare Cost Report Information System (HCRIS) related files. The best way to learn about what's available at the NBER data page is to browse the catalog and see if any of the links are of interest. Suggestions and comments could be sent to Jean Roth (but please keep in mind these programs are provided as a public service).

**Dear ASHEly**  
*An advice column for Health Economics Professionals*

**Dear ASHEly,**  
**I hear that NIH is changing their scoring methodology and I fear change. What do I need to know to allay or justify my concerns?**

**Signed,**  
**NIHilist**

Dear NIHilist – I certainly appreciate (and share) your fear of change, but you can probably find better things to worry about. Learn to focus your ennui elsewhere – what, swine flu and the economy aren't enough for you? That said your question is a good one. The new scoring system, which will be fielded for the first time in the upcoming June/July review cycle, involves a relatively meaningless change in the scale from 1.0-5.0 to 1-9 (like in golf, lower scores are better). The apparent goal of NIH is to encourage reviewers to do something they're loath to do: use the full range of scores. It's not at all obvious why they care so much about this. All scores get percentiled anyway, which ultimately is the number that affects funding decisions. My prediction is that reviewers will implicitly translate the new scale to the old scale in a manner like 1=1.0, 2=1.5, 3=2.0, 4=2.5, etc., leading to a lot of 2s, 3s, and 4s. Perhaps more substantively is the guidance being given to reviewers regarding the nature of the reviews. Reviewers will provide a 1-9 "overall" score as well as separate 1-9 scores for the five "core" areas: significance, investigator, innovation, approach, and environment. While this additional information is likely to be informative, reviewers are also being encouraged to shorten greatly their written critique. The guidelines call for a quarter-page of bullet-point comments for the overall score plus a quarter-page for each of the five core review areas. There may be reason to fear that applicants might get short-changed reviewer comments. Any lack of clear direction in the review could be particularly costly given that applicants now only get two submission opportunities—which means only one set of review—to achieve a fundable score. You will need to press project officers for any details you can get about what the reviewers actually said at the review meeting. Please note: none of this applies to applications submitted to the Agency for Healthcare Research and Quality. It typically take AHRQ 2-3 years to catch up to NIH.

**Dear ASHEly,**  
**I tend to write middling-to-forgettable papers so I'm looking for any advantage I can get in the publication racket. I like to strategically include/exclude acknowledgments in my manuscripts in order to steer journal editors away from/towards certain potentially unfriendly/friendly reviewers, regardless of how much or little the acknowledged individuals did to aid me or improve the manuscript.**

**Signed,**  
**Salieri**

Dear Salieri – first of all, don't flatter yourself by thinking you can match chops with Antonio Salieri. Salieri was a celebrated legend in his own time—his work simply hasn't stood the test of time—and you should be so lucky to ever be celebrated. But, hey, there's only one Mozart or Beethoven and there's only Mark Pauly or Joe Newhouse; the discipline needs people to fill out the fat part of the distribution of talent. Ok, now what was your question? Oh yeah, strategic acknowledgements. Bad idea. To quote the great Dan Hammermesh in his excellent guide to young economists, "DON'T PLAY THESE GAMES—the gains are not worth the potential costs of being caught" (Hammermesh 1992, p. 171).

Daniel S. Hamermesh. *The Young Economist's Guide to Professional Etiquette. The Journal of Economic Perspectives*, Vol. 6, No. 1. (Winter, 1992), pp. 169-179.

**Interview with Barbara Frank,**  
**Director, ResDAC**

*I'm a health economist looking for data for research related to Medicare and Medicaid. What is ResDAC and how can it help me?*

ResDAC is a CMS contractor (located at University of Minnesota) that exists to provide assistance to researchers to get data for studies related to Medicare and Medicaid. Their mission is to assist CMS in getting more researchers to work with their data to ultimately improve outcomes for Medicaid and Medicare beneficiaries and the design of those programs. They do not house the data themselves, but they can help you through every step of getting any CMS data that is available to external researchers.

*ResDAC must have a lot of storage capacity! Do you actually keep the data sets?*

ResDAC is only a go-between and does not house any of the data. The data that ResDAC can help you with are in three possible locations—they are at the Research Data Distribution Center (RDDC) or the Chronic Care Warehouse (CCW). There are also some downloadable data sets that are on the CMS website that ResDAC can help you with, so that is a third location where data are stored.

*What CMS data could you help me with?*

There are a variety of types of CMS data, but let me cover some of the main ones. There are utilization and enrollment records for Medicaid and Medicare beneficiaries, that come as identifiable, limited or non-identifiable (public use) data. Identifiable data needs IRB forms, approval from CMS's privacy board (see [http://resdac.umn.edu/Medicare/requesting\\_data\\_NewUse.asp](http://resdac.umn.edu/Medicare/requesting_data_NewUse.asp) for details). Limited data are somewhat easier to get as they have been scrubbed a little more. An example of a public use file is the cost reports dataset

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**Board Member  
Biography:  
Joseph Newhouse**



Joe Newhouse can't improve on the overly generous comments made about him by Richard Frank, Tom McGuire, and Charles Phelps in the December 2007 25<sup>th</sup> anniversary issue of the *Journal of Health Economics*, except to say that one of the things he is proud to have helped create is the American Society of Health Economists. And that his colleagues and students at both RAND and Harvard have taught him much.

## Call for Papers

**HSR and AHRQ are partnering to publish a Theme Issue on a critically important topic: Payment Reform.**

**Find out more:**  
<http://www.hsr.org/hsr/about/hsr/call-for-papers-payment-reform.jsp>

**The deadline is June 23, so don't delay.**

## News from Executive Director Dick Arnould (continued)

We owe a sincere word of appreciation to Frank Sloan, Duke, and Edward Norton, then UNC and now Michigan, for the tremendous job they did as the host committee. Over 650 people were in attendance to present, discuss or listen to the approximately 460 papers that were presented and to view over 60 posters. The Scientific Committee was responsible for setting a high standard of quality. Comments almost universally praised the quality of the presentations. Similarly, the Awards Committee, Chaired by Edward Norton, deserves a special thanks for their outstanding work. The ASHEcon Medal was presented to Laurence Baker, Stanford University. The Outstanding Student Paper Award was presented to Susan Feng Lu of Northwestern University. Finally, there was a very special event related to the newly inaugurated Victor Fuchs Lifetime Achievement Award. Victor Fuchs was beamed in via satellite from Stanford to present the award. He began his presentation by expressing his gratitude for having the award named after him. The award was presented to the current president of ASHEcon, Michael Grossman, for his lifetime contributions to the field of health economics. A unique aspect of the evening (that was totally unplanned) was that the speaker at the second plenary session at which the awards were presented was Nobel Laureate and Professor Gary Becker, who discussed market and household returns to education, with comments on the role of health. Professor Becker was Mike's mentor in graduate school and Professor Fuchs offered Mike his first job following graduate school. The speaker at the first plenary session was Mark McClellan, immediate past director of CMS. Mark gave a very challenging talk about the role health economics researchers can play in framing solutions to significant health delivery and financing issues. President Jody Sindelar used the time of her presidential address to present an excellent discussion of the role of behavioral economics in health economics research. The venue at the Fuqua Business School and the David Thomas Conference Center was ideal for networking and socializing. I am happy to say that the conference was a great success.

The second election of officers and regular board members resulted in your electing Mike Morrissey as Treasurer, and Laurence Baker, Richard Frank and Kosali Simon as regular board members. ASHEcon has had outstanding leaders from its beginning, and this election guarantees a continuation of this level of quality. Thank you for participating in this important process.

The third item I would like to discuss briefly with you is our process of becoming an independent organization. iHEA and ASHEcon have had an agreement that ASHEcon would become a totally separate and stand alone organization by July 2010. While that seems like a long way into the future, it will be here before we know it. Also, some of the activities that must be put in place for this to happen must be planned far in advance. Application for incorporation has been made as well as for not for profit status. A committee consisting of past and future designated presidents are working with me on details. Major items will then be taken to the full board for consideration. We will keep you informed as milestones are reached in this exciting process.

## Board Member Biography: Thomas Getzen (continued)

Yoram Barzel took me under his wing, serving as my advisor, mentor and frequent employer. It was not until years later that I realized how much my dissertation, and my intellectual growth, owed to his quiet, calm, insights. The graduate econ students in the attic of Savery Hall were a lively group, and Mike Morrissey (now at UAB) became a life-long friend. Working with sociologist Steve Shortel in health services helped me to learn how to analyze large data sets, while the need for income led me to work at the Everett Clinic and on grants with the Medical Group Management Association. Perhaps the most unique and significant learning experience came about indirectly—elected as head of the graduate services committee, I was the student representative negotiating health insurance coverage for thousands of students. Dealing with brokers and rate-setting gave a practical edge that complemented my expanding theoretical base.

Hired at Temple to teach “health economics,” I quickly found that MBAs taking jobs with hospitals and consulting firms had a real need for practical finance and reimbursement knowledge as well as the applications of micro theory. A research project I developed for two doctoral students, re-estimating the income elasticity of health care spending, grew into a twenty-year program of study on forecasting and the macro economics of health. A search for comparable international data led me to Jean-Pierre Poullier at the OECD and a fruitful collaboration. J-P responded to my initial brief inquiry with a dense six-page letter, beginning another mentorship and intense education on the sources and limits of international data.

With tenure in hand, my reach as a health economist began to expand in two directions. International collaborations were increasingly necessary for my research on spending functions. A desire to build relationships with investment bankers (they had all the finance and bond data) led me to take on the chairmanship of the AUPHA faculty forum. This initial organizational activity was followed by chairmanship of the health economics committee of the APHA, and the subsequent creation of the Arrow Award. Conversations with Morrissey and other “young” health economists let me know that we shared a sense of frustration with the existing professional societies. The VA workshops (now AHEC) organized by Ted Stefos and Jim Burgess and the U.K. HESG, organized by Tony Culyer, became a springboard for organizing a new international association of health economists. Joe Newhouse, Alan Maynard and Mark Pauly joined me as incorporators launching iHEA in 1994.

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## Interview with ResDAC Director Barbara Frank (continued from page 4)

(institutions report facility characteristics, aggregate utilization data, costs and charges, financial statements etc). Another often used dataset is the Medicare Current Beneficiary Survey. The best way to learn about the data sets available is to browse through the ResDAC website. There may also be data sets that you see reference to on the CMS website that ResDAC can help you with. (All the CMS data pages will have a link to ResDAC).

*Walk me through the steps—I have a research question in mind, but don’t know if CMS has the type of data I need to test it out, and if so, how I can get my hands on it.*

You have come to the right place. First, there are several ways to initiate contact with us. You can call our toll free number (888-973-7322), submit a request on the web, or email us. You can describe briefly what you are looking for. One of our Help Desk staff can tell you about the available options, or provide more details on a data set that you have already identified as a potentially useful one by reading the description on our website. If it turns out to be a data set that requires an application (what is needed in an application depends on the type of data, and our website has instructions that list the forms for Identifiable, limited data sets, cost reports etc). Forms are available for new uses, as well as re-uses of data that were obtained for a different research project (either by the same person or a different researcher). ResDAC will review the materials, request revisions as necessary, then we guide it to the right place at CMS for review. Pending a successful review, you would receive the data from one of the two distributors. If there is a follow up question you have after you have received the data, you can contact us again for help with that.

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## A Lesson in Public Goods: A Website for Students of Health Economics

Is there a place on the web where health economics students can go to find course materials, learn from someone else's Stata code mistakes, or pose questions to students and faculty around the world? There is! Susan Ettner, with the help of Past President Jody Sindelar and others, has created a website for just this purpose. For this website to take off, we need materials from you. We are using this newsletter and the upcoming August issue "Symposium on Health Economics in the Classroom" to launch this website.

Here's what we are looking for:

- Health economics course materials, including syllabi, readings lists and so forth. All levels welcome.
- Statistical software programs, especially generic SAS and Stata code that could be used as a template for other people's analyses, or non-standard ones that might require more complex programming (Note that we would not plan to provide the name of the contributors, in an effort to avoid a deluge of questions from users. We would list the appropriate caveat on the website that no technical support is provided for the code and that the validity of the code is not guaranteed and the user should double-check it him or herself.)
- Links to statistical or data archive websites, or any others useful to students, links to funding agencies and foundations, relevant journals, faculty member pages with useful information, (please see <http://gim.med.ucla.edu/ettner/resources/resources.htm> for examples of links, some of which might be helpful, but note that not all of the links on that page are intended as examples to use on the ASHEcon website!)
- A discussion board for faculty and students

The quality of the materials available will be entirely driven by the material we collect, so please consider making a contribution. Those syllabi & reading lists from the health economics related courses you have just finished teaching will find a good home here! Please email them to [kis6@cornell.edu](mailto:kis6@cornell.edu) with the subject "ASHEcon newsletter website material" when you have a chance; we hope to have lots of archived material available by August when it is time to prep for Fall classes. You can use the resources yourself and also point your students to the site on your syllabus.

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### Interview with ResDAC Director Barbara Frank (continued from previous page)

*I think I see what I want right on the CMS website, available for download. Is there any advantage for me to contact ResDAC in this case?*

You may still get something out of contacting ResDAC. For example, you may want to talk with someone to check your understanding of the data, or want extra details about the source. You may also find that only the most recent years of your data series are on the CMS website. ResDAC may be able to help you locate earlier years, if they were archived.

*Are there any data sets that are available only through an alternate venue such as a restricted data center (like the restricted access data centers at NCHS, AHRQ and Census?)*

CMS doesn't have its own restricted access data center, but there are confidential CMS data that are available as part of other data sets through other data centers—e.g. CMS allows linkages to HRS, and researchers can access those data through the data center for HRS at U Michigan. Also some CMS data is released on a restricted use basis through the Census Data Centers, so check that out.

*How much will the data cost?*

Depends on the data set. Some are free, some have usage fees (like utilization and claims data).

*I would like to spend a few days learning about all this treasure trove. What's the best way for me to proceed?*

ResDAC offers free workshops at its site in Minnesota. For example, there is a workshop on the cost reports (CMS105) that is coming up June 2<sup>nd</sup> and 3<sup>rd</sup>. The content of these workshop is described on the website, at the educational link.

*Finally, what's the scoop on Medicare Part D from CMS?*

Come see our seminar on Medicare Part D Saturday June 27<sup>th</sup> 2009 at Academy Health. CMS is currently accepting Part D data requests in Phases. Some Part D data can be linked to Parts A, B data sets and some Part D data is released as a stand alone file. The ResDAC "What's New" section is currently the best place for Part D data release information.