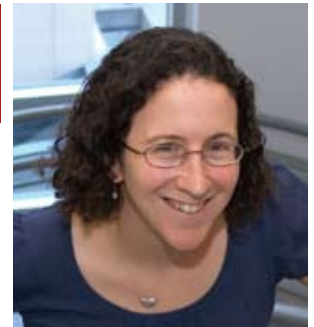


- ◆ Wow! I just HAVE to study this.
Interview with Amy Finkelstein
- ◆ It's the greatest time to be a health economist
Interview with Amitabh Chandra
- ◆ Staying Current on Health Reform
Interview with Helen Levy
- ◆ Letter from CEO Dick Arnould
- ◆ Letter from ASHEcon President Randy Ellis
- ◆ Announcements

**"Wow! I just HAVE to study this."
Interview with Amy Finkelstein**



Amy Finkelstein
Massachusetts Institute of Technology

Where do you go for ideas? What is the process by which you look to build on previous ideas? Do you have a routine for getting started on new projects or is every project unique?

I get ideas for papers from all kinds of places -- things I read in the newspaper, from reading non-fiction, from discussions over lunch with colleagues, from discussions following someone's seminar, from trying to prepare a lecture for class and realizing there's something I wanted to talk about that we don't know, from things I didn't manage to address in a recent paper and wish I could have, even occasionally from talking with my (few) non economist friends etc., etc. The one place I don't go for ideas is sitting down to read "the literature". I find this is a recipe (for me, at least) for coming up with very boring projects that are minor tweaks on existing work. Of course, once I do have an idea then I try to make sure I'm aware of and understand any possibly related literature!

New ideas though most often come when I'm not trying to come up with them. I find few things as unpleasant as coming to work with the mission "think of a project today." For me, that's a sure recipe for complete idea blockage. But when I'm happily engaged in on-going projects and economics in general - and too busy to think about new projects - all sorts of ideas occur to me from the sources I mentioned. So I make a point of keeping a file on my computer and when an idea comes to me I write it down. So that when I do finally have a breather I can go back and think about it. Most of them turn out to be worthless, but at least it gives me a jumping off point, and a few ultimately pan out.

I could try to tell you about the specific sources of ideas for some recent papers but that would very much run into the problem of selection on the dependent variable -- i.e. looking at the few ideas I had that actually turned into a paper. The reality is, the vast majority of my ideas crash and burn - they turn out to not be interesting, or

Continued on page 3

It's The Greatest Time to be a Health Economist - Interview with Amitabh Chandra



Amitabh Chandra
Harvard University

How do you get your ideas?

As economists, we are trained to look for answers "under the lamppost." These answers are precise, but often answer questions that lend themselves to precise answers. But the really difficult questions in health economics lie far from the lamppost, in the shadows. Often, we don't know whom to follow into the shadows, and with good reason, for all sorts of crazy people hang out there. My own sense is that doctors ask the right questions but they lack the tools to answer them well. That's something that we do well, so we should follow them and combine their questions with our toolkit (besides, it distracts us from doing macroeconomics, which is where we really make a mess). In the shadows are questions like the role of professionalism in medicine, or

whether patient anxiety or patient risk-aversion contributes to the run up in imaging? This is much harder than figuring out the effect of some narrow reimbursement change on spending. We should use simple economics to improve our understanding of these squishier issues: Economics is a candle in the dark.

In all of economics, where are the really interesting questions? In Health Economics! We've been given a gift: Healthcare has all these problems that aren't going away. It's the greatest time to be a health economist.

Once you had the germ of an idea, what was the next step? Tell us a little bit about the process of starting your last paper.

There is an enormous literature on racial disparities in healthcare which interprets disparities as evidence of

Continued on page 4

ASHEcon is moving forward at full speed this fall. The association has successfully overcome its funding challenges and the growing pains of becoming independent from iHEA. Thanks to current and past board members as well as members and friends of ASHEcon, over \$65,000 was generated in the Founders Circle Fund. This has provided ASHEcon with adequate funds to cover the cost of managing operations and to plan the 2012 and 2014 conferences. We thank those who provided funds to the Founders Circle.

The second thank you should go to Kosali Simon, Susan Ettner and their assistants for the many hours they have spent working on the ASHEcon website. Current funds are not adequate to hire a webmaster and completely redesign the website. However, this group, now largely with the support of Kosali's assistant, have made significant changes in the website. These improvements enhance the appearance and add to the ease of navigating the website, and we invite you visit:

ashecon.org

Expect continued improvement in the website as we move forward.

One item mentioned elsewhere in this newsletter that deserves added attention is the Resources tab on the website. This was designed by Susan and Kosali a few years ago. It provides a web location for you to post important information such as class syllabi and research questions, networking opportunities, etc. As with any network, this is only useful if there are many members linked into it. I encourage you to contribute to building this community resource.

In the remainder of my note I want to draw your attention to a number of activities that have already begun or will occur in the next few months.

First, the call for papers already has been opened for the 4th Biennial ASHEcon Conference to be held June 10-13, 2012, at the University of Minnesota, Minneapolis/St. Paul. You will find information about submitting abstracts, conference registration, hotels, etc., on the ASHEcon website (<http://ashecon.org/>) or the conference website at: <http://www.cce.umn.edu/American-Society-of-Health-Economists/index.html>. Remember that to qualify for a free submission you must be a 2011-2012 member of ASHEcon. If not, a \$150 submission fee will be charged. Plans are in the works to make this another outstanding conference, but we need your participation. Speakers at plenary sessions are being planned and soon will be announced. The President's Speech will be Monday during the lunch time as in the past. A special program will be held during the Tuesday lunch period honoring past and present presidents. Thus, the members meeting will be moved to Wednesday after the last session. If you have not submitted an abstract for review we urge you to do so. Help us make this conference live up to the reputation set by the past conferences.

Second, a number of activities are planned for the **ASSA meetings in Chicago, January 2012**. There will be three activities January 6, all located in the Hyatt Regency Hotel:

ASHEcon Board Meeting

8:00-10:00 AM, Haymarket Rm, Hyatt Regency

ASHEcon Luncheon

12:15 PM, Truffles Rm, Hyatt Regency
Speaker: Mark Duggan, University of Pennsylvania, former member of the Council of Economic Advisors, and 2010 winner of the ASHEcon Medal. *Topic:* How Should We Slow the Growth in Medicaid and Medicare Spending? Moving Beyond PPACA. Luncheon Charge: \$47.00.

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Dick Arnould, University of Illinois, Urbana-Champaign

**ASHEcon Newsletter
Vol. 5, Fall 2011**

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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.

well-conceived, or if they are, they prove hard to get any traction on. I think it's important for young researchers to understand that a high failure rate of ideas is to be expected and to recognize it as a source of strength rather than weakness -- if you're not willing to throw out most of your ideas you probably aren't being critical enough! So I always tell my students that a high rate of idea generation and idea failure is a very good thing. I work hard to try to quickly kill projects. When I have an idea I want to work on, I often try to chat about it with a few fellow economists to try to get them to poke holes in it quickly - it's always easier for others to see the obvious problems with your ideas!

The other thing I'd say is that when I do have an idea I'm excited about, I'm not easily dissuaded by the problem of a lack of data or obvious approach to getting at the problem. After all (I tell myself at least) if it's a good idea that's straightforward to do, it would probably have been done already! Often the hurdle is data, and here I've found that creativity, determination, a whole lot of elbow grease, and the

willingness to nag people who have data you want can get you pretty far in this profession! Almost all of my projects have involved a data set that was not "off the shelf". I always admire people who can take well-used data sets and find something new with them, but for the rest of us mortals, being able to bring new data to a topic can be key. Whether it's calling turnpike authorities to request data on the history of toll rates on their highway or wheedling proprietary data out of an insurance company, I've found a lot of great data that has enabled me to do projects I wouldn't otherwise have been able to do.

Thinking or your paper on the impact of Oregon's Medicaid expansions, can you describe how you got the idea for the paper? Did it really start with you reading about Oregon's program in the newspaper one day? Once you had the germ of an idea, what was the next step?

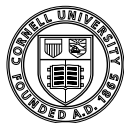
I heard about the Oregon lottery on the radio. And I must say, while with most projects I can't "date" the start of them -- there's an idea, it

putters along for a while, at some point it dies or hits critical velocity - this one was different. I heard they were randomizing the ability to apply for Medicaid and thought "Wow! I just HAVE to study this. Drop everything now and look into this. Now!" And that's what I did. I must say, at the start of it I thought this is a once in a lifetime opportunity and the results will be really interesting, but doing the project won't actually be that interesting. I mean, it's a randomized experiment. What is there to that? How wrong I was! I have learned so many new things in the course of doing this project, it's almost scary to realize how little I knew at the outset. Everything from primary data collection techniques, to adapting our sampling strategy to a changing policy environment (the state ran a second lottery in the middle of our main data collection arm), to navigating the state's politics and political processes, to human subjects protection issues, etc. Of course the flip side is I also had no idea at the start the enormous amount of time this would all take. I'm glad I didn't know at the outset...! ♦

Institute for Health Economics, Health Behaviors and Disparities



Established in July 2011, the Institute for Health Economics, Health Behaviors and Disparities supports and strengthens the intellectual community at Cornell studying topics in the area of health economics, in particular the economics of health behaviors such as smoking, drinking alcohol, diets and sedentary lifestyles that contribute to obesity, drug use, and risky sex. Activities of the Institute include hosting visiting scholars, course sequences at both the Ph.D. and advanced undergraduate levels, and a weekly lunchtime research seminar. The Institute is housed within the Cornell Population Center.



Cornell University

- ♦ If you are interested in a visit, for a few days or longer, please contact one of the co-Directors, John Cawley, jhc38@cornell.edu, or Don Kenkel, dsk10@cornell.edu.
- ♦ Please encourage your promising students to consider doctoral study in health economics in Cornell's PhD program in Economics or Policy Analysis & Management. Please contact one of the co-Directors for more information.



John Cawley and Don Kenkel, Cornell University

www.human.cornell.edu/ihehbd

discrimination by doctors. This interpretation is possible, but seemed premature given the evidence. Doug Staiger and I wanted to figure out what it takes to really identify provider prejudice in health care. That is, we wanted to know whether the fact that blacks get less healthcare is evidence of provider prejudice against them, or was it the case that blacks benefited less from these therapies because of biology, compliance, or worse follow-up? The first channel is emphasized by doctors and psychologists who focus on implicit discrimination in which physicians deliver differential care without conscious discrimination. But that's a theory. How would we measure this kind of squishy bias as economists? So we spent four years learning the literature to get a deeper sense of how to model the psychology. Our goal was to bring all these literatures together—medicine, psychology and economics, while remaining true to our upbringing as economists.

I'm proud of the finished paper—at least for heart-attack treatments, we show that while blacks receive less reperfusion, they should be given even less. Why? The treat-

ment appears to work less well in them—and, given evidence of harm in some patients, we should do even less. In some sense, the real prejudice in medicine is that we're assuming that the biology of treatments is the same by race. This is a different form of prejudice than that emphasized by the literature, but if true, it is one that is really pernicious.

Do you have any routines for generating new ideas?

I'm part of a journal club with physicians and economists where we discuss articles from health economics journals and from medical journals such as JAMA or the Archives of Internal Medicine. I also go to a social epidemiology seminar at the Harvard School of public health. Here too, the questions are fascinating. Doctors, sociologists and epidemiologists tend to think in terms of anecdotes "oh, I had this 87 year old woman who . . ." But there is enormous value to these anecdotes as a model generating device. Expose yourself to hundreds of such anecdotes and then ask "what is the model that would generate this pattern of behavior?" But one has to listen

with imagination. The hubris of economics can incapacitate us. We are tempted to jump in after listening only for thirty seconds to tell our thoughts on why the anecdotes are all wrong. We need to listen more.

The second way to generate new ideas is to work with Jon Skinner and Doug Staiger. They are the Ferraris of health economics. We get together and revisit our recent conversations with doctors and restate what they've told us in the language of economics. Ideas from other disciplines are complicated and often contradictory. A conversation with Jon and Doug is like a drug that destroys the unnecessary complexities but still captures all the key empirical regularities.

When you have more ideas than you can work on at any given time, how do you prioritize?

I am terrible at prioritizing. I think we should be writing fewer papers and consuming more economics—which is a euphemism for saying that I'm a slacker who is made productive by having the world's best coauthors. ♦

FUTURE OF NURSING™ Campaign for Action

Research Agenda

Robert Wood Johnson Foundation (RWJF) is coordinating a unique, multi-funder initiative to identify, generate, synthesize and disseminate evidence essential to informing efforts to implement the recommendations outlined in the Institute of Medicine (IOM) report, "The Future of Nursing: Leading Change, Advancing Health" and to contribute to *Campaign for Action's* goal of advancing comprehensive change in health care for patients and the country. The purpose of this activity is to increase and focus national attention on a common research agenda related to the IOM recommendations and to facilitate and coordinate funding activity across a range of funders of nursing research. Please visit www.thefutureofnursing.org/research to view a comprehensive list of national research priorities to accomplish this goal.

Proposals submitted in response to this opportunity will be reviewed by RWJF based on: 1) consistency with the research agenda; 2) potential to advance knowledge to support implementation of the IOM's recommendations and 3) methodological rigor. Proposals that meet established criteria will be shared with members of the Funders' Community for funding consideration. Applicants will be informed of the status of their proposal within one month of submission.



Proposals due: June 2011 – January 3, 2012

Proposals can be submitted at any time until January 3, 2012 using www.rwjf.org/cfp/hc1.

For more information

Information about this opportunity is available on the Robert Wood Johnson Foundation's website at www.rwjf.org/cfp/hc1 and on the Future of Nursing: Campaign for Action website, www.thefutureofnursing.org/research, or by calling (215) 573-2981.

We caught up with Helen Levy at the end of her term on the Council of Economic Advisors. As she was packing up to return to the University of Michigan, we asked her for advice on how academic health economists can stay current with the rapidly moving events in health reform.

Where should I go (and where should I send my students) for basic background?

The Kaiser foundation has a useful summary of Affordable Care Act provisions at <http://www.kff.org/healthreform/upload/8061.pdf>.

The Health Affairs web site has excellent short health policy briefs on different health reform issues, including the CLASS Act, the Pre-Existing Conditions Insurance Plan (PCIP), the Medical Loss Ratio, and legal challenges to the Affordable Care Act, just to name a few:

<http://www.healthaffairs.org/healthpolicy-briefs/>.

Testimony by Douglas Elmendorf, the director of the Congressional Budget Office (CBO), before Congress in March 2011, provides an excellent overview of the CBO estimates of the impact of the Affordable Care Act (and it's only 35 pages): <http://www.cbo.gov/doc.cfm?index=12119>.

What readings should I put on my syllabus?

For a survey course at the undergraduate or MPP/MPH level in health economics that will have one or two lectures on health reform, here is a short menu of possible assigned readings, grouped into two broad categories: coverage expansions and delivery system reform.

Coverage expansions

Area overview using California as an example is given by:

- Jonathan Gruber and Peter Long. Projecting the Impact of the Affordable

Care Act on California. *Health Affairs*, 30(1), January 2011, 63-70.

For more on expanding coverage through insurance exchanges, see:

- Jon Kingsdale and John Bertko. Insurance Exchanges under Health Reform: Six Design Issues for the States. *Health Affairs* 29(6), June 2010, 1158-1163.
- Amy Finkelstein et al. The Oregon Health Insurance Experiment: Evidence from the First Year. National Bureau of Economic Research Working paper 17190, July 2011.

Excellent background for discussion of AFFORDABLE CARE ACT Medicaid expansions is:

Another approach to teaching this material would be to look at what Massachusetts has done and how that experience does or does not generalize to the nation as a whole. In that area, I would look at papers by Sharon Long and coauthors at the Urban Institute, Jonathan Gruber (MIT), and Jonathan Kolstad (Wharton) and Amanda Kowalski (Yale). Check their websites just before photocopying your syllabus; new papers are being released often. If you like to encourage debate, the Winter 2011 issue of the *Journal of Policy Analysis and Management* included a "Point/Counterpoint" featuring Jonathan Gruber and Doug Holtz-Eakin on opposite sides of the question "What Can Massachusetts Teach Us about National Health Insurance Reform?"

Delivery system reforms

For delivery system reform in general and an overview of AFFORDABLE CARE ACT reforms and underlying economic principles:

- Guterman S, Davis K, Stremikis K, Drake H. Innovation in Medicare and Medicaid will be central to health reform's success. *Health Affairs* 29(6), June 2010, 1188-1193.
- Jeff Goldsmith. Analyzing Shifts in Economic Risks to Providers in Proposed Payment and Delivery System



Helen Levy, University of Michigan

Reforms. *Health Affairs*, 29(7), July 2010, 1299-1304.

- Mark McClellan. Reforming Payments to Healthcare Providers: The Key to Slowing Healthcare Cost Growth While Improving Quality? *Journal of Economic Perspectives* 25(2), Spring 2011, 69 – 92.

This issue of JEP contains other papers from a symposium on constraining health care costs that may be useful for teaching – for example there are papers on malpractice and cost-effectiveness as well.

If you want to focus on the current hot topic of Accountable Care Organizations here are papers with a range of viewpoints:

- Harris Meyer. Accountable Care Organization Prototypes: Winners and Losers? *Health Affairs* July 2011 30:1227-1231.
- Francis J. Crosson. The Accountable Care Organization: Whatever Its Growing Pains, The Concept Is Too Vitaly Important To Fail. *Health Affairs* July 2011 30:1250-1255.
- Ginsburg, Paul B. Spending to Save — ACOs and the Medicare Shared Savings Program. *New England Journal of Medicine* June 2, 2011 364(22):2085.
- Iglehart, John K. The ACO Regulations — Some Answers, More Questions. *New England Journal of Medicine* April 28, 2011 364(17).
- Iglehart JK. Assessing an ACO prototype — Medicare's Physician Group

Continued on page 6

Executive Director -

Dick Arnould

Continued from page 2

To make your reservation and prepay, please fill out the registration form found on the ASHEcon website. It may be faxed to 202-737-730 or mailed to ASHEcon, 725 15th street, NW Suite 600 Washington, DC 20005. You may also submit your payment electronically via pay pal. It is very important that you make your reservation by December 15, 2011 due to the commitments ASHEcon must make with the hotel.

ASHEcon/iHEA Reception

January 6, 2012, 6:00 PM, Soldier Field Room, Hyatt Regency.

ASHEcon will also cosponsor two sessions in Chicago:

- with iHEA

January 8, 2012, 10:15 AM, Columbian Room at the Hyatt Regency Hotel. Organizer and title: Mark Duggan, Economics of Health Reform and Technological Change

- with NTA

January 8, 2012, 1:00 PM, Columbus EF Room at the Hyatt Regency Hotel. Organizer and Title: James Poterba, Taxation and Health Insurance

Finally, I want to personally thank all of you for your support and patience during this transition period. There have been a few bumps in the road but things are moving along much better now that we have a more adequate level of resources. As these expand, more services will be offered to members and friends. Our conferences are our main activity so I can assure you that your officers, board and staff are concentrating on making the 4th Biennial Conference a great one. ♦

Interview with Helen Levy

continued from page 5

Practice demonstration. *New England Journal of Medicine* 2011;364:198-200.

- Berenson RA. Shared Savings Program for accountable care organizations: a bridge to nowhere? *Am J Manag Care*. 2010 Oct;16(10):721-6.

How can I stay current?

Kaiser Health News and Politico Pulse both provide excellent information on current policy news. I subscribe to both their feeds so that I see their headlines every morning when I open my browser. These are both free. There is also a daily trade publication called "Inside Health Policy" that provides more inside information but requires a subscription. Their web site says they have a one-month free trial so you can decide if the value added relative to KHN and Pulse is worth it for you (www.insidehealthpolicy.com). I also like the Health Affairs blog, particularly Tim Jost's posts on exchanges.

The HHS/CCIO website has a lot of great information, including links to the rules that CCIO has published so far implementing insurance market reforms and rules for Exchanges (<http://ccio.cms.gov/>). Delivery system reforms can be harder to track because they may be bundled into the annual Medicare or Medicaid payments rules which may be many hundreds of pages long and include many provisions not directly related to health reform. An exception is that the Center for Medicare and Medicaid Innovation website has useful information on their portfolio of reforms (<http://innovations.cms.gov/index.html>).

In general, knowing which regulations are coming when is very difficult for anyone, not just for academic health economists. If you really want to get into the weeds (as they like to say in Washington) on this issue, see the following report by CRS: http://assets.opencrs.com/rpts/R41586_20110113.pdf. ♦

\$

Share your syllabus and win a million dollars!

Have you written some fantastic "learning objectives" for your health economics syllabus (or were you hoping to save time and see what others have done)? Perhaps you've written some nifty Stata code that you're willing to share? Then the ASHEcon Member Resources webpage is the place to go!

Here's what you'll find:

- Health economics course materials
- Statistical software programs
- Links to statistical or data archivewebsites
- A discussion board

Please help us build the site by contributing content. The first 10 contributors will be given Powerball Lottery tickets for each item submitted (limit 5).

The Resources page is a tab on the ASHEcon main page, and is also directly accessible at <http://resources.health-economics.us>. ASHEcon members have access to it through a personalized login id and password. If you do not have one or misplace it, please feel free to contact us. ♦

Year One, Post Independence

Most of you know that ASHEcon is nearing the end of our first year of being a financially and administratively independent organization from iHEA, the International Health Economics Association. The ASHEcon Executive Director, Officers, and Board have been busy this first year working in collaboration with our new staff at the National Tax Association in Washington DC to set up our own financial, decision-making, and communication systems. The details of this work would bore most of you, so I leave it for your imagination. I apologize if at times our communications have not been as smooth and professional as we ultimately hope to be, but hopefully you also see that this newsletter, the registration and planning for the coming ASHEcon conference in Minnesota in 2012, and the quality of the abstracts and session submissions for that conference are all first rate. The officers and board are enthusiastic about moving further forward.

See you at the 2012 ASSA Convention

As noted in the Executive Director's letter, ASHEcon is hosting a luncheon at the ASSA/AEA Convention in Chicago, as well as two cosponsored sessions and an evening reception (joint with iHEA, Jan 6 at 6:00 p.m. in the Soldier Field Room at the Hyatt Regency). I invite you to join me and others from ASHEcon at all of these events.

Minnesota ASHEcon 2012

This year much of our time has been spent making plans for the Fourth ASHEcon conference to be held June 10-13, 2012, at the University of Minnesota, Minneapolis/St. Paul. With over 700 abstracts submitted we are destined to have another strong conference. Plans are well under way for a southern California conference in 2014.

Let me conclude by encouraging you to (re)join ASHEcon and to invite your health economist friends, colleagues or students



Randy Ellis, Boston University

to join. Please also consider encouraging your own organization to join as an organizational sponsor. I also encourage you to register join us at our upcoming events in Chicago and Minnesota.

Regards,

Randy Ellis

Advertising in the ASHEcon newsletter

To cover the cost of printing and mailing the newsletter, we 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 Members

Full page size: 7.5"x10" = \$475
Half page size (horizontal): 7.5"x5" = \$275
1 column (vertical): 2.5"x10"=\$175
½ column (vertical): 2.5"x5"=\$125

Non-Organizational Member Rates

Full page size: 7.5"x10" = \$1000
Half page size (horizontal): 7.5"x5" = \$600
1 column (vertical): 2.5"x10"=\$400
½ column (vertical): 2.5"x5"=\$250

The Electronic version will be in color, print version will be in black and white.
Please provide high quality artwork in a jpg file format, 300 dpi resolution minimum, 1 color file and 1 in grayscale.

Your Ad Here!

Announcements

Research Funding

The NIH Common Fund provides funding for innovative research that cuts across the program emphases of particular NIH institutes and centers. Since 2010, the Common Fund has supported a program in health economics, designed to elicit research on issues of efficient delivery, organization, and financing of acute and preventive health care.
<http://commonfund.nih.gov/healthconomics/>

Two current announcements, with a due date of Feb. 8 for applications, encourage economic research in connection with health care delivery and financing pilots, demonstrations, and other reforms:

Economic Studies Ancillary to Completed or Ongoing Health Care Delivery and Financing Pilots, Demonstrations, and Other Experiments (R01)RFA-RM-11-023

Phased Economic Studies Ancillary to Planned Health Care Delivery and Financing Pilots, Demonstrations, and Other Experiments (R21/R33)RFA-RM-11-024

Awards made during FY11 are described here: http://commonfund.nih.gov/pdf/Health_Economics_Award.pdf

Help with ASHEcon Newsletter

We are seeking fresh ideas and new talent for the ASHEcon editorial staff. It is a great way to meet people in the profession. If you would like to become involved in any way (interviewing and writing stories, copy editing, layout and design), please contact Melayne McInnes (mcinnes@moore.sc.edu).

Shout-Outs

A shout out to Sean Nicholson for sharing his classroom video archives. Sean's column "Tips for Teaching Large Undergraduate Sections" in the Fall 2009 Newsletter described how he uses these videos to motivate lectures, and my students loved them this fall. Incidentally, Sean has also shared the slides that he uses for this class through the Resources page (under the "Teaching" tab)

Melayne McInnes, editor

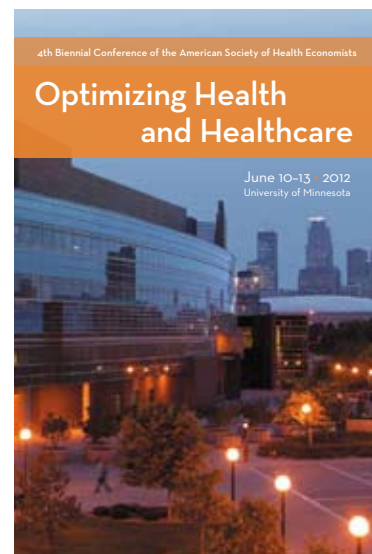
Thank you to Deborah Marshall, Laura Shinn, and Sinan Unur for volunteering their time to helping us with the website. We have been fortunate to have such skilled people dedicate their time selflessly to the organization.

To Angelica Hammer, our fantastic layout editor and graphics wizard, we thank you for making the newsletter look great.

Upcoming Events

4th Biennial Conference:

The 4th Biennial Conference will be held at the Carlson School on the campus of the University of Minnesota, June 10-13, 2012. **Mark the dates.**



The ASHEcon website is:

ashecon.org

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Email: ashecon@aol.com