

Brief Description of the Three Chapters of my
Dissertation Titled:
**“Impact of Price, Income and
Externalities on Incentives for Health
Care Providers and Patient Behaviors”**

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1 First Chapter: “Impact of the Change in Payments on the Actual and Perceived Behaviors of Medical Care Providers”.

1.1 Abstract

Prior literature established the link between a person aging out of a parent’s insurance coverage at age nineteen and a significant decrease in insurance coverage of those nineteen year old young adults. Using the regression discontinuity framework, this paper furthers that research by establishing that although there was no change in the total income received by the medical care providers treating young adults who have aged-out of their parent’s insurance, there was a significant change in the

amounts received from various sources that comprise the total payment. I examine the impact of the change in the provider's payments by source on the providers' behavior (supply-side) and on the patients' perception of the providers' behavior (demand-side), using a 14 year sample of unmarried young adults from the Medical Expenditure Panel Survey (MEPS). I find that although there is a statistically significant change in the sources of the total payments received by medical care providers from patients crossing the age of nineteen threshold, medical care providers do not change their actual treatment decisions. However, the patients do perceive a statistically significant negative change in the behavior of their medical care providers.

2 Second Chapter: “The Impact of Regional Antimicrobial Use on Individual Antimicrobial Use and Health Outcomes.”

2.1 Abstract:

This paper uses the impact of regional antimicrobial as an instrumental variable to identify individual level antimicrobial use on subsequent health outcomes. Antimicrobial is a general term that refers to a group of drugs that includes antibiotics, antifungals, antiprotozoals, and antivirals, that kill or inhibit the growth of microorganisms. This paper finds that there exists a statistically significant impact of regional use on individual use of antimicrobials. In addition, I find that there is a statistically significant impact of regional use of antimicrobials and regional antimi-

crobial resistance. My next step is to examine the relationship between regional use of antimicrobials on individual health outcomes. Identifying these relationships is important because it highlights the negative externality that occurs from living in a region with higher antimicrobial usage. This is significant as it relates to maintaining the effectiveness of antimicrobials as a public good.

3 Third Chapter: “Impact of the Price of Physician Visit on the Use of Prescribed Medicine: A Focus on Antimicrobials”.

3.1 Abstract:

This paper investigates the price elasticity of the demand for antimicrobials in the treatment of the common cold. My research finds that the individuals who use antimicrobials to treat the common cold are not sensitive to changes in the price of the office based doctor visits, and are not sensitive to changes in the price of the antimicrobials. That is to say that the individuals’ demand for antimicrobials is price inelastic. This finding is an important contribution to the literature because it highlights the need to influence the use of antimicrobials on the supply-side of the market as the demand-side is not as sensitive to the main source of influence, namely the financial cost of acquiring antimicrobials. My longer term research portfolio will address similar questions along the lines of international health policy, public health and its potential applications in developing economies.