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Research Statement

My research agenda lies in the areas of health economics, firm organization, and labor economics, driven by the aim to understand factors that influence health care provider behavior. Health care providers such as physicians and hospitals directly impact access to and quality of care, ultimately affecting health care consumer welfare. My work addresses two main themes: how hospital leadership affects hospital and patient outcomes, and how technology adoption affects physician decision making. My research aims to provide insights that can lead to more effective health care delivery systems, better patient outcomes, and more informed policy-making. While the setting of my research is typically in the US, the broad questions and implications are relevant in many contexts.

The first strand of my research examines the relationship between leadership characteristics and decision making in nonprofit hospitals. Firm leaders are important drivers of the general direction, culture, and strategies of the firm. Further, heterogeneity in executive characteristics has been linked to various firm decisions and performance in large publicly traded firms. Hospitals differ from these firms in the trade-offs and policy incentives that they face, and yet the way executives affect their behavior is largely understudied due to difficulty of obtaining granular data on executives. To combat this gap, I extract hospital executive data from an archive of publicly available tax forms for all nonprofits in the US. With access to executive names, titles, and positions in nonprofit hospitals from 2009-2015, with additionally years currently being collected, I am able to answer questions about how leadership trickles down into hospital behaviors and outcomes.

My first project to utilize this data is my job market paper, **"Does Hospital Leadership Matter? Evidence from Pay-for-Performance"**, which quantifies the effect of clinically trained executives on hospital response to a financial incentive on quality. I leverage pay-for-performance policies in the US in 2012 and a synthetic difference-in-differences strategy to show that hospitals without clinically trained executives respond more drastically to the financial incentives on quality than those with clinical executives. That is, hospitals without clinically trained executives improve readmission rates (quality) more than hospitals with clinical executives. This difference is not driven by a change in patient selection, but a model of hospital objectives reveals that this could be due to clinically trained executives caring more about quality before it was incentivized.

As I am currently extending the years of data for which I have information on both executives and director boards, I plan to expand this research by leveraging policies in the US from 2020-2023 that mandate diversity in both gender and race on all nonprofit director boards. Such variation allows me to identify whether board characteristics affect characteristics of executives, employees hired, hospital investments, and health disparities. Further, I hope to be the first to formally describe hospital executive networks over time, and provide evidence of how hospital outcomes are affected by such networks, especially in the event of fraudulent executive behavior.

The second theme of my research focuses on the effects of technology advancement on the supply

of health care. In my project, **"Labor Market and Technological Change: Evidence from Electronic Health Records"** (currently R&R at *Journal of Health Economics*), I leverage the widespread adoption of electronic health records (EHR) to investigate how hospital EHR adoption affects labor market decisions of physicians working in the hospital. While EHR adoption was expected to cause vast quality and efficiency improvements in health care delivery, physicians often found the technology overly frustrating and burdensome, which potentially negated these effects. I use a staggered timing difference-in-differences estimation, where hospital EHR adoption is the treatment, and estimate its effect on physician retirement, practice setting, and productivity. I find that EHR adoption causes physicians working in the hospital to retire and switch to office settings. However, physicians that remain working in the hospital become more productive after EHR adoption. This work has implications for future policies incentivizing technology adoption, as there may be unintended consequences in the supply of health care.

In the future, I plan to further understand technology adoption's extensive impacts by investigating how telehealth impacts the consumption of other types of health care. The government enacted programs in 2021 that subsidized home internet, which spurred the use of telehealth in those areas. As telehealth continues to expand, it is important to understand whether it is a complement or substitute to other forms of health care. However, the majority of research in this area is limited to pandemic timing. Leveraging this government policy will allow me to more confidently disentangle telehealth usage from other factors.

Finally, I leverage my methodological tools and knowledge of health care provision in a co-authored project with Sara Markowitz, Pinka Chatterjee, and Jennifer Karas Montez: **"Affordable Care Act Medicaid Expansions and Maternal Morbidity"**, published in *Health Economics*. The Affordable Care Act did not directly affect pregnant mothers who were already covered under insurance, but still could have affected maternal morbidity through better pre-pregnancy coverage or better delivery services. Using individual birth certificate data and a difference-in-differences design, we find no evidence that the ACA impacted pre-pregnancy health or the mother's health during delivery.

In summary, my current and future research focuses on determinants of health care provider behavior. This includes leveraging a unique data set of hospital executives and director boards to examine trickle down effects of clinical leadership, gender composition, and underrepresented groups in leadership. Further, as technology in health care rapidly evolves, particularly with the rise of telehealth and at-home monitoring systems, I will continue to research how these advancements impact physicians' delivery of care.