

**FTC'S CONFERENCE ON
HEALTHCARE INFORMATION & COMPETITION
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Biographical Sketches

Jean Marie Abraham, Ph.D. is currently an Assistant Professor of Health Economics in the Department of Healthcare Management at the University of Minnesota. Her research interests include household decision-making regarding employer-based health insurance, the impact of health insurance on labor market outcomes, consumer use of information in health care decisions, and competition in the markets for health care coverage and hospital services. In 2001, she received her Ph.D. from the H. John Heinz III School of Public Policy and Management at Carnegie Mellon University. Prior to pursuing her graduate studies, she had internships with the Office of U.S. Senator John McCain and the Antitrust Division of the U.S. Department of Justice.

Laurence Baker, Ph.D. is Associate Professor of Health Research and Policy and Chief of Health Services Research at the Stanford University School of Medicine, Fellow of the Center for Health Policy at Stanford University, and Research Associate in the Health Care, Productivity, and Children's Programs of the National Bureau of Economic Research in Cambridge, MA. Dr. Baker also holds a courtesy appointment in the Stanford University Department of Economics. Dr. Baker received his M.A. and Ph.D. in Economics from Princeton University in 1994, and his B.A. from Calvin College in Grand Rapids, Michigan in 1990. Before coming to Stanford, he was a Research Economist at the Robert Wood Johnson Foundation and, briefly, a volunteer consultant to the White House Task Force on Health Reform. He was awarded the Alice S. Hersh Young Investigator Award by the Academy for Health Services Research and Health Policy in 2000. In 1997 and 1999 he received the National Institute for Health Care Management's research prize for his work on managed care. He serves on the editorial boards of Health Services Research and Medical Care Research and Review.

Dr. Baker's main research interests are in the area of health economics, particularly the effects of financial incentives and organizational structures on the delivery of health care and health care spending. He has written numerous journal articles and book chapters in this area, including extensive work on managed care and its effects on health care costs, health outcomes, and the health care delivery system. His other areas of interest include health care regulatory policy, efforts to improve quality in health care, policies that affect the Medicare and Medicaid programs, and the effects of information in health care, particularly the effects of the internet and electronic communication.

Michael Chernew, Ph.D. is Associate Professor at the University of Michigan in the Departments of Health Management and Policy, Internal Medicine, and Economics. He received a Ph.D. in economics from Stanford University, where his training focused on areas of applied microeconomics and econometrics. Dr. Chernew is co-editor of the American Journal of Managed Care and co-director of the Robert Wood Johnson Foundation's Scholars in Health Policy Research Program at the University of Michigan. One major area of Dr. Chernew's research focuses on assessing the impact of managed care on the health care marketplace, with an emphasis on examining the impact of managed care on health care cost growth and on the use of medical technology. In 2000, he served on a technical advisory panel for the Health Care Financing Administration that reviewed the assumptions used by the Medicare actuaries to assess the financial status of the Medicare trust funds. On the panel Dr. Chernew focused on the methodology used to project trends in long-term health care cost growth. Other research has examined determinants of patient choice of hospital and the impact of health plan performance measures on employee and employer selection of health plans. In 1998, he was awarded the John D. Thompson Prize for Young Investigators by the Association of University Programs in Public Health. In 1999, he received the Alice S. Hersh, Young Investigator Award from the Association of Health Services Research. Both of these awards recognize overall contribution to the field of health services research. Dr. Chernew is a Research Associate of the National Bureau of Economic Research and he is on the Editorial Boards of Health Services Research, Health Affairs, and Medical Care Research and Review.

Roger Feldman, Ph.D. is the Blue Cross Professor of Health Insurance and Professor of Economics at the University of Minnesota. Dr. Feldman was a Marshall Scholar at the London School of Economics and holds a Ph.D. in economics from the University of Rochester. His research interests include the organization, financing, and delivery of health care with a focus on employment-based health insurance. He also studies competition among health care providers and insurers. Currently, he is evaluating several "consumer-driven" health care plans, including a program where large employers contract directly with providers to purchase health care services and the early experience of a defined contribution health plan. Dr. Feldman's experience in health care policy includes serving on the Senior Staff of the President's Council of Economic Advisers, where he was the lead author of a chapter in the 1985 Economic Report of the President. From 1988 to 1992, he directed one of the four national research centers sponsored by the Centers for Medicare and Medicaid Services (CMS), and recently, he advised CMS on a demonstration of competitive pricing for Medicare M+C plans. Dr. Feldman is a regular contributor to journals in economics and health services research. His research has received four "best paper" awards from the Association for Health Services Research and the

National Institute of Health Care Management. He has been a consultant to the U.S. Department of Justice and several state regulatory agencies regarding health plan mergers and ownership changes.

Irene Fraser, Ph.D. is a political scientist who has specialized in research on Medicaid, private health insurance, and health care delivery. She currently is Director of the Center for Delivery, Organization and Markets at the Agency for Healthcare Research and Quality (AHRQ). Prior to her arrival at AHRQ, she was Associate Director of Health Systems Research, Inc., a health care policy, research and consulting firm based in Washington, D.C.

Dr. Fraser also spent eight years working on access and delivery issues at the American Hospital Association. As Senior Associate Director for Policy at the American Hospital Association, she worked on indigent care, Medicaid and health care reform. As Director of Ambulatory Care at the AHA, she led a group focused on the delivery side of health care reform – including managed care, integrated delivery, and other ambulatory care issues. She also served as adjunct faculty to the Institute for Health Law at Loyola School of Law.

Dr. Fraser's work has appeared in journals including Health Affairs, Inquiry, Health Care Financing Review, Medical Care Research and Review, Journal of Ambulatory Care Management, and Journal of Health Politics, Policy and Law. A monograph series on the uninsured includes volumes on state Medicaid expansions, programs to promote private health coverage for the employed uninsured, and uncompensated care pools. Irene has a B.A. in Political Science and Spanish from Chatham College, and a Ph.D. in Political Science from the University of Illinois.

Martin Gaynor, Ph.D. holds the E.J. Barone Chair in Health Systems Management and is Professor of Economics and Public Policy in the H. John Heinz III School of Public Policy and Management, the Department of Economics, and the Graduate School of Industrial Administration at Carnegie Mellon University. Dr. Gaynor is also a Research Associate of the National Bureau of Economic Research in Cambridge, Massachusetts. He received the Ph.D. in Economics from Northwestern University in 1983, and a B.A. in Economics, cum laude, from the University of California, San Diego in 1977. He previously taught at Johns Hopkins University and a number of other universities and was a visitor at the Hungarian Academy of Sciences in 1991. He also has served as a consultant to the Federal Trade Commission and Department of Justice on antitrust matters and as an economic expert in antitrust cases.

Dr. Gaynor's research is focused on the economics of health care markets and health care organizations, focusing on antitrust policy, restructuring of health care

markets, and the impact of information technology on health care productivity. His work has been published in the Journal of Political Economy, Rand Journal of Economics, Journal of Economic Perspectives, Handbook of Health Economics, Journal of Economics and Management Strategy, and other scholarly publications.

Dr. Gaynor was awarded the 1996 Kenneth J. Arrow Award for best published article worldwide in health economics, and is a recipient of a Robert Wood Johnson Foundation Investigator Award in Health Policy Research. He is on the editorial boards of the American Economic Review, Health Services Research, the International Journal of Health Care Finance and Economics, and was a member of the Health Services Research Study Section of the Agency for Health Care Research and Quality, U.S. Department of Health and Human Services, from 1994-1998.

Stuart Guterman has been Director of the Office of Research, Development, and Information at the Centers for Medicare and Medicaid Services (CMS) since July 2002. That office has primary responsibility for research related to Medicare, Medicaid, and the State Children's Health Insurance Program, the Medicare Current Beneficiary Survey, and Medicare demonstration projects.

Prior to coming to CMS, he was a Senior Analyst at the Congressional Budget Office (CBO), where he worked on a variety of issues related to Medicare financing and payment policy, including payments to fee-for-service providers and the pattern of Medicare costs across beneficiaries and over time. Before that, he was a Principal Research Associate in the Health Policy Center at the Urban Institute for two years. His research there covered a range of health care financing issues, including Medicare payment, hospital organization and performance, and the health care safety net.

Previously, Mr. Guterman was Deputy Director of the Medicare Payment Advisory Commission, and Chief of Institutional Studies in the Health Care Financing Administration's Office of Research.

Ginger Zhe Jin, Ph.D. is Assistant Professor in the Department of Economics at the University of Maryland. Dr. Jin's research includes health plan quality and information, and direct-to-consumer advertising of prescription drugs. She received a Ph.D. in economics in 2000 from the University of California, Los Angeles (UCLA) and an M.A. in economics from UCLA in 1998. She also earned an M.A. in economics from the Graduate School of the People's Bank of China in 1995 and a B. Eng. Economic Management from the University of Science and Technology of China in 1992.

In addition to various Chinese language publications, Dr. Jin's work has appeared in the Quarterly Journal of Economics; Journal of Health Economics; Journal of Law, Economics, and Organizations; Journal of Economic Management Strategy; the RAND Journal of Economics. She teaches courses in Computer Methods in Economics Studies and a graduate course in Empirical Studies in Industrial Organization.

Daniel P. Kessler, J.D., Ph.D. is a Professor at the Stanford University Graduate School of Business, a Research Fellow at the Hoover Institution and a Research Associate at the National Bureau of Economic Research. He has a J.D. from Stanford Law School and a Ph.D. in economics from MIT. His research interests include antitrust law, law and economics, and health economics. His current research, in addition work on using claims data to detect Medicare abuse, focuses on the effects of organizational form in health care on the cost and quality of care.

Arnold Milstein, M.D., M.P.H. is the Medical Director of the Pacific Business Group on Health (PBGH) and a Worldwide Partner at Mercer Human Resource Consulting. PBGH is the largest health care purchaser's coalition in the U.S.

His work and publications focus on health care purchasing strategy, clinical performance measurement, and the psychology of clinical performance improvement.

He co-founded both the Leapfrog Group and the Consumer-Purchaser Disclosure Project. He heads performance measurement activities for both initiatives. Previously a Rosenthal Lecturer at the Institute of Medicine, the New England Journal of Medicine's series on employer sponsored health insurance described him as a "pioneer" in efforts to advance quality of care.

Educated at Harvard (BA-Economics), Tufts (MD) and UC-Berkeley (MPH-Health Services Evaluation and Planning), he is an associate clinical professor at the University of California at San Francisco.

Sean Nicholson, Ph.D. is an Assistant Professor in the Health Care Systems Department at The Wharton School of the University of Pennsylvania. Dr. Nicholson received his Ph.D. in economics in 1997 from the University of Wisconsin-Madison and an A.B. from Dartmouth College in 1986. Prior to graduate school Sean worked for four years as a management consultant with APM. At Wharton, he teaches courses in health care finance, health care information technology, and health economics.

Dr. Nicholson is currently conducting research in five areas: the pharmaceutical industry, the economics of the physician workforce, the functioning of health insurance markets, determinants of physician practice patterns, and measuring the costs associated with lost work time. Specific research projects include: examining the determinants of deal values between biotech and pharmaceutical companies; identifying factors that affect pharmaceutical R&D productivity; measuring the impact of pharmaceutical mergers; measuring risk selection in health insurance markets; examining whether physicians' treatment decisions are influenced by their patients' health outcomes and how their peers are treating patients; measuring physicians' rates of return to specialization over time; examining how medical students form income expectations, whether expectations are biased and efficient, and whether income prediction errors affect physician behavior.

Mark V. Pauly, Ph.D. currently holds the positions of Bendheim Professor and Chair of the Department of Health Care Systems at the Wharton School of the University of Pennsylvania. He received the Ph.D. in economics from the University of Virginia. He is Professor of Health Care Systems, Insurance and Risk Management and Business and Public Policy, at the Wharton School and Professor of Economics, in the School of Arts and Sciences at the University of Pennsylvania. Dr. Pauly is a former commissioner on the Physician Payment Review Commission and an active member of the Institute of Medicine. Dr. Pauly has made significant contributions to the fields of medical economics and health insurance. His classic study on the economics of moral hazard was the first to point out how health insurance coverage may affect patients' use of medical services. Subsequent work, both theoretical and empirical, has explored the impact of conventional insurance coverage on preventive care, on outpatient care, and on prescription drug use in managed care. He is currently studying the effect of poor health on worker productivity. In addition, he has explored the influences that determine whether insurance coverage is available and, through several cost effectiveness studies, the influence of medical care and health practices on health outcomes and cost. His interests in health policy deal with ways to reduce the number of uninsured through tax credits for public and private insurance, and appropriate design for Medicare in a budget-constrained environment. Dr. Pauly is a co-editor-in-chief of the International Journal of Health Care Finance and Economics and an associate editor of the Journal of Risk and Uncertainty. He has served on Institute of Medicine panels on public accountability for health insurers under Medicare and on improving the financing of vaccines.

Paul Pautler, Ph.D. is the Deputy Director for Consumer Protection in the Bureau of Economics at the Federal Trade Commission. Dr. Pautler previously held several positions at the FTC including Assistant Director for Antitrust.

He received his Ph.D. in Economics from Texas A&M University in 1978 and a B.B.A. from Auburn University in 1973. He has published on antitrust economics and policy, health economics, and regulation. Most recently his work has focused on mergers and health care. His work has appeared in *The Antitrust Bulletin*, *Journal of Law and Economics*, *Economic Inquiry*, and the *Journal of Health Politics, Policy, and Law* and the *Journal of Contemporary Health Law and Policy*.

Dennis Scanlon, Ph.D. is Assistant Professor of Health Policy and Administration in Penn State's Department of Health Policy & Administration. He received his Ph.D. from the University of Michigan and holds a Masters degree in economics from the University of Pittsburgh. Dr. Scanlon received the 2002 John D. Thompson Award for Young Investigators from the Association of University Programs in Health Administration. His research interests include: quality measurement, competition in health insurance markets, public and private sector health care purchasing activities, and consumer information in health care. Dr. Scanlon has authored several articles on health plan quality, performance measurement and quality improvement, competition, purchasing, and consumer choice of health insurance plans. He recently completed a federally funded research project examining the state of quality improvement activities at managed care plans, and the degree to which plans are using performance measures for quality improvement activities. Dr. Scanlon is currently working on a five-year program project with researchers at the University of California at San Francisco and the University of Michigan, examining the impact of competition on the quality of care provided by managed care organizations. This project is funded by the Agency for Healthcare Research and Quality. Dr. Scanlon recently received the Investigator in Health Care Policy Research Award from the Robert Wood Johnson Foundation, to study whether improvements in quality and reductions in medical errors can be driven by private sector health care purchasers. Dr. Scanlon teaches undergraduate and graduate courses at Penn State on Managed Care, Health Economics, and Quantitative Methods for Health Services Research.

Alan Sorensen, Ph.D. is an Assistant Professor of Economics at the Stanford Graduate School of Business. He received his Ph.D. from the Massachusetts Institute of Technology in 1999 and a B.A. in economics from Brigham Young University. His primary research interests are applied microeconomics and industrial organization, receiving a National Science Foundation Grant to study heterogeneous consumer search in 2000-2002. In the area of health care, he has previously published articles about retail price dispersion and consumer search for prescription drugs; insurer-hospital bargaining; and the impact of social learning on health plan choice.

Shaliender Swaminathan, Ph.D. is currently an Assistant Professor in the School of Public Health at the University of Alabama, Birmingham. He received his undergraduate degree from Hindu College, an M.A. from the Delhi School of Economics, and a Ph.D. from the University of Southern California. Broadly, he is interested in health economics, and applied econometrics. Prior to coming to UAB, Swaminathan completed a stint as a research associate at the University of Michigan's Institute for Social Research and a consultant at RAND Corporation. His research interests include studying the links between early child health and later life child and family outcomes, the effect of health on labor market outcomes, and the measurement and growth of health and healthcare quality in the United States. He is currently working on the dynamics in the quality of healthcare provision, patterns of convergence in the quality offered by healthcare plans, and the persistent or transitory nature of quality provided over time.

Michael G. Vita, Ph.D. is an Assistant Director for Antitrust in the FTC's Bureau of Economics. He received his Ph.D. in Economics from the University of Wisconsin. He has published numerous articles on health care regulation and competition, including "The Competitive Effects of Not-for-Profit Hospital Mergers: A Case Study" (J. Industrial Economics, 2001) and "Regulatory Restrictions on Selective Contracting: An Empirical Analysis of 'Any Willing Provider' Laws," (J. Health Economics, 2001).

Kevin Volpp, MD, Ph.D. received funding from the NIH Medical Scientist Training Program (MSTP) to do an M.D./Ph.D. at the University of Pennsylvania School of Medicine and the Wharton School. He studied Public Policy and Management, with a specialization in Health Economics, at Wharton. He received an award from the Association of Public Policy and Management for the best Ph.D. dissertation in public policy in United States in 1998. Following completion of a residency in internal medicine at Brigham and Women's Hospital in Boston, MA, he joined the University of Pennsylvania faculty as an Assistant Professor in the School of Medicine and the Department of Health Care Systems at the Wharton School. He works as a general internist at the Philadelphia Veterans Hospital and is a Research Career Development Awardee of the Veterans Administration Health Services Research and Development Service and a Clinical Scientist Development Awardee of the Doris Duke Foundation. His primary research interests include changes in health care organization and financing and their impacts on the quality of care for underserved populations; and the effects of financial incentives on patient utilization of beneficial preventive services.