

Boris V. Vabson

Curriculum Vitae

Stanford University
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EDUCATION

The Wharton School, University of Pennsylvania

M.S., Ph.D. in Applied Economics

Dissertation Advisors: Mark Duggan (Chair), Jon Gruber, Bob Town

Philadelphia, PA

September 2011 – December 2015

Dartmouth College

A.B. in Economics & Mathematics

Magna Cum Laude, Phi Beta Kappa, High Honors in Economics

Hanover, NH

September 2005 – June 2009

RESEARCH INTERESTS

Health Economics, Public Finance

CURRENT ACADEMIC POSITION

Stanford Institute for Economic Policy Research, Stanford University

Research Scholar

Stanford, CA

July 2017 –

ADDITIONAL ACADEMIC AFFILIATIONS

UC-Berkeley Haas School of Business

Visiting Scholar

Berkeley, CA

July 2016 –

The Dartmouth Institute for Health Policy and Clinical Practice

Visiting Scholar

Hanover, NH

July 2014 –

HONORS, GRANTS & FELLOWSHIPS

2017	NIA/NIH Pilot Grant for Research on Medicare Part D
2013 – 2015	Pre-Doctoral Research Fellowship, National Bureau of Economic Research
2014	Leonard Davis Institute Pilot Award Winner
2013 – 2014	Penn Trio Award Winner (with Mark Duggan)
2013	Russell Ackoff Fellowship
2012	Amy Morse Prize (Top 2 nd Year Wharton Ph.D. Student in Applied Economics)
2011 – 2015	Wharton Doctoral Fellowship
2009	Phi Beta Kappa & Magna Cum Laude Honors, High Honors in Economics
2009	Rufus Choate Scholar (Top 5% of Dartmouth Class)
2005	U.S. Presidential Scholars Candidate, National Merit Scholar, National AP Scholar

RESEARCH EXPERIENCE

Fall 2011 – Summer 2012	The Wharton School, RA for Professor Mark Duggan
Fall 2007 – Spring 2009	Economics Dept. at Dartmouth College, RA for Prof. Eric Zitzewitz
Summer – Fall 2008	Tuck School at Dartmouth College, RA for Finance/Marketing Depts.
Fall 2007	American Enterprise Institute, Research Intern for Senior Fellow Kevin Hassett

TEACHING EXPERIENCE

Fall 2013	T.A. for Gilles Duranton, The Wharton School: Managerial Econ. (Undergrad)
Fall 2012	T.A. for Robert Jensen, The Wharton School: Global Business (Undergrad)

Spring 2012
Winter 2009

T.A. for Mark Duggan, The Wharton School: Wharton on Policy (MBA)
T.A for Eric Zitzewitz, Dartmouth: Senior Finance Seminar (Undergrad)

PUBLICATIONS

The Consequences of Health Care Privatization: Evidence from Medicare Advantage Exits

(with Mark Duggan and Jon Gruber)

Forthcoming, *AEJ: Economic Policy*

Abstract: There is considerable controversy over the use of private insurers to deliver public health insurance benefits. We investigate the efficiency consequences of patients enrolling in Medicare Advantage (MA), private managed care organizations that compete with the traditional fee-for-service Medicare program. We use exogenous shocks to MA enrollment arising from plan exits from New York counties in the early 2000s, and utilize unique data that links hospital inpatient utilization to Medicare enrollment records. We find that individuals who were forced out of MA plans due to plan exit saw very large increases in hospital utilization. These increases appear to arise through plans both limiting access to nearby hospitals and reducing elective admissions, yet they are not associated with any measurable reduction in hospital quality or patient mortality.

Who Benefits When the Government Pays More? Pass-Through in the Medicare Advantage Program

(with Mark Duggan and Amanda Starc)

Journal of Public Economics, September 2016

Abstract: Governments contract with private firms to provide a wide range of services. While a large body of previous work has estimated the effects of that contracting, surprisingly little has investigated how those effects vary with the generosity of the contract. In this paper we examine this issue in the Medicare Advantage (MA) program, through which the federal government contracts with private insurers to coordinate and finance health care for more than 15 million Medicare recipients. To do this, we exploit a substantial policy-induced increase in MA reimbursement in metropolitan areas with a population of 250 thousand or more relative to MSAs just below this threshold. Our results demonstrate that the additional reimbursement leads more private firms to enter this market and to an increase in the share of Medicare recipients enrolled in MA plans. Our findings also reveal that only about one-fifth of the additional reimbursement is passed through to consumers in the form of better coverage. A somewhat larger share accrues to private insurers in the form of higher profits and we find suggestive evidence of a large impact on advertising expenditures. Our results have implications for a key feature of the Affordable Care Act that will reduce reimbursement to MA plans by \$156 billion from 2013 to 2022.

WORKING PAPERS

The Magnitude and Incidence of Efficiency Gains from Contracting: Evidence from Medicaid

Abstract: The extent to which contracting out by governments yields efficiency improvements is not well understood; further, the extent to which incomplete contracting could limit the pass-through of efficiency gains to governments and constituents is not well identified. I examine these questions in the context of Medicaid contracting in New York State. To identify the relative efficiency of private versus public Medicaid, I exploit involuntary switching between the two, driven by age-based enrollment prohibitions. I also leverage unique administrative data, which longitudinally tracks individual utilization across the public & private Medicaid settings, and which comprehensively covers the inpatient as well as outpatient settings. I find evidence that private Medicaid yields inpatient utilization reductions, although these reductions are partly offset by increases to outpatient care. These reductions are disproportionately concentrated among preventable care, and are not accompanied by any measurable deterioration in health outcomes or care quality, suggesting that they might be efficiency improving. Meanwhile, I find no evidence that these improvements are passed on to either governments or patients. Instead, I find that pass-through is substantially limited by incomplete contracting, with plans shifting costs to medical services that remain under government provision; eventual integration of these services into existing contracts yields a 4% reduction in overall contracting costs.

Cost-Sharing Amongst Those Who Can't Pay: Evidence from Medicaid Disenrollments

Abstract: Cost-sharing for medical services could decrease spending through reductions in moral hazard and consequent decreases in low-value care. Simultaneously, cost-sharing could introduce behavioral hazard, leading individuals to reduce

high-value care, with potential offsetting increases in avoidable care. The net effect of cost-sharing, through these two opposing mechanisms, is ultimately an empirical question and could also differ based on a patient's underlying financial as well as health characteristics. I examine this question in the context of a policy relevant population that is high-cost and financially needy: dual-eligibles simultaneously enrolled in Medicaid and Medicare, who account for 35% of overall program spending. I leverage an exogenous court ruling that resulted in Medicaid disenrollment, among 25,000 individuals who had previously been dually-enrolled, and produced a cost-sharing increase from approximately 0% to 15%. I find that medical spending for the typical disenrollee fell by 25%; however, medical spending across all disenrollees actually increased by 6%, due to a countervailing spending increase among the sickest individuals. I find that this spending increase is almost entirely attributable to an increase in preventable inpatient spending, specifically from increased ER admissions. These findings have policy implications, suggesting that any cost-sharing regime should take into account the health and financial characteristics of the underlying population and the potential for offsetting spending increases, in the form of avoidable care.

CONFERENCE INVITATIONS AND SEMINARS

American Economic Association Meetings (2013, 2014); NBER Public Economics Program Meeting (2014); Dartmouth (2014), NBER Summer Institute HC (2015)

REFEREE SERVICE

Quarterly Journal of Economics, Journal of Political Economy, Journal of Public Economics, AEJ: Policy, International Journal of Health Care Finance and Economics

NON-ACADEMIC EXPERIENCE

AB Data Labs, Founding Partner, Summer 2016–Present
Nuna Inc., Health Economics and Product Dev.; Fall 2015–Summer 2016
Picwell, Founding Team Member; Spring 2014–Fall 2015
Edgeworth Economics, LLC, Consultant; Fall 2009 – Spring 2011

ACADEMIC REFERENCES

Mark G. Duggan, Wayne and Jodi Cooperman Professor of Economics, Stanford University
Jonathan H. Gruber, Ford Professor of Economics, Massachusetts Institute of Technology
Jonathan T. Kolstad, Assistant Professor, Economic Analysis and Policy, UC-Berkeley, Haas School of Business
Robert J. Town, Professor of Economics, UT-Austin

PERSONAL INFORMATION AND INTERESTS:

Date of Birth: November 7th, 1986 (St. Petersburg, Russia); *Citizenship:* USA
Languages: English (native), Russian (native), French (proficient); *Programming:* Stata, R, Matlab, Java, Scheme
Interests: Classical Piano, Skiing, Sailing, Biking, Hiking, & Traveling