

Anastasiia Evdokimova

Northwestern Economics

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Fields

Research: Industrial Organizations; Health Economics
Teaching: Industrial Organizations; Health Economics; Applied Microeconomics

Education

Ph.D., Economics, Northwestern University, 2025 (Anticipated)
Dissertation: Information Asymmetry in the Healthcare markets
Committee: David Dranove (Chair), Gastón Illanes, Molly Schnell
B.A., Economics; Cum Laude, Lomonosov Moscow State University, 2019

Fellowships & Awards

Dissertation University Fellowship, Northwestern University, 2024-2025
University Fellowship, Northwestern University, 2019-2024

Grants

Center for the Study of Industrial Organization (Northwestern)

Teaching Experience

Teaching Assistant, Northwestern University, year
NU 349 Industrial Economics, NU 309 Public Finance, NU 339 Labor Economics, NU 310 Microeconomics, NU 342 Economics of Gender

Research Experience

Research Assistant, David Dranove, Northwestern University's Kellogg School of Management, 2021-2023
Research Assistant, Amanda Starc, Northwestern University's Kellogg School of Management, 2021
Research Assistant, Dmitry Arhangelsky, CEMFI, 2018-2019

Conferences

2023 The 12th Annual Conference of the ASHEcon (presenter)
2022 The 11th Annual Conference of the ASHEcon (poster session)
2022 NBER tutorial on the Economics of Digitization for economics graduate students
2021 Mentoring Workshop for Women & Non-Binary PhD Students in Health Economics & Health Policy with support from AEA-CSWEP and ASHEcon

Job Market Paper

"Over-the-Counter Drugs Market: Information Distortion In Label Design", Anastasiia Evdokimova
This paper extends the analysis of market failure in the over-the-counter (OTC) drugs market by examining the impact of distorted beliefs about drug qualityâdefined as efficacyâon consumer decision-making. Since expected efficacy, or how well people think a drug works, is inherently unobservable, I conducted a survey to obtain product-level pairwise measures of relative expected efficacy among all OTC migraine and headache drugs. The correlation between these measures and respondents' socio-demographic characteristics reveals that high information acquisition costs are linked to biased beliefs about drug efficacy. This finding suggests that providing low-cost information could enhance overall welfare by reducing these information acquisition costs. To identify the most effective information treatment, the study disentangles beliefs about efficacy from other observable and unobservable

decision-making attributes. This is achieved by integrating the survey results into a structural model and imputing new measures of expected efficacy through various randomized controlled trials with covariate-adaptive randomization. The first two information treatments involve changes to the product labels, emphasizing that biologically equivalent drugs either have the same active ingredients or work equally well. The third information treatment provides consumers with a brochure detailing the effectiveness and active ingredients before they make a purchase decision. The results indicate that the most effective treatment is one that highlights the equivalent effectiveness of biologically similar products, leading to a 22% increase in the cross-price elasticity of substitution of biologically equivalent products. This treatment, along with price change in the new equilibrium, saves consumers an average of \$1.08 and results in \$1.05 welfare gain. However, while this counterfactual drives prices down, it also leads to second-degree price discrimination by steering consumers with strong symptom label preferences away from purchasing cheaper alternatives with different labels.

Other papers

“Does the Internet Improve Health Behavior? Costly Information Acquisition Under Heterogeneity in Risk Perception”, Anastasiia Evdokimova

This paper investigates the impact of online health information (OHI) on healthcare utilization across groups with varying perceptions of illness risk. It introduces a rational inattention model with a modified cost function that accounts for individuals’ heterogeneity in perceiving the absence of illness. The model shows that information acquisition costs are influenced by individuals’ concerns about overlooking signs of illness, making information sources act as initial thought accelerators rather than educative material. Using a Health Information National Trends Survey dataset, empirical analysis supports the theoretical framework. First, the data shows that OHI usage leads to a higher healthcare utilization level on average. Second, OHI users concerned about missing illness signs utilize healthcare more than those less worried. Third, statistically insignificant difference in how OHI affects healthcare usage between groups that potentially can benefit from escalated concerns and those that do not, suggests that patients’ overconfidence, rather than knowledgeable worry, leads to higher healthcare use. These findings raise critical policy questions about managing OHI-induced overconfidence and provide recommendations for enhancing physician–patient interactions in the context of OHI.

“Innovation Acquisition and Conflict of Interest in the VI Healthcare Systems”, Zakaria El Amrani El & Anastasiia Evdokimova

This study aims to investigate the potential market failure caused by physician-hospital integration, specifically the slow adoption of new beneficial procedures for Medicare patients, and suggest potential changes to Medicare’s new technology reimbursement system. Our hypothesis is that unequal reimbursement policies may lead to conflicts of interest, where the party with greater negotiating power—the hospital—becomes the dominant decision maker. If a procedure is unprofitable for the hospital, its adoption and subsequent implementation may be delayed. To test this hypothesis, we focus on Transcatheter Aortic Valve Replacement (TAVR), a minimally invasive heart procedure that offers greater patient benefits than traditional open-heart surgery (SAVR). TAVR provides an ideal case study, as the initial Medicare reimbursement structure created a financial conflict of interest: hospitals received increased payments for the procedure (DRG reimbursement) four years after physicians began receiving reimbursement (CPT code).

“Promotional Activity Under Information Smattering”, Anastasiia Evdokimova

Languages

English (fluent), Russian (native), Italian (elementary)

References

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