RUBAIYAT ALAM

270 Bay State Road
Boston University, Department of Economics
Boston MA 02215 USA
Email: ralam@bu.edu
Website: www.rubaiyatalam.com

EDUCATION

Ph.D. Candidate, Economics, Boston University — 2023 (expected)
Dissertation Title: *Competition and dynamics in healthcare markets*
Dissertation Committee: Marc Rysman, Jihye Jeon, Randall P. Ellis

B.S.S/M.S.S in Economics, University of Dhaka — 2017

FIELDS OF INTEREST

Empirical Industrial Organization, Health Economics

WORKING PAPERS

Quality choice with reputation effects: Evidence from hospices in California (Job market paper)
Entry and pricing with fighting brands: Evidence from the pharmaceutical industry (with Rena Conti)

WORK EXPERIENCE

Research Assistant for Yuhei Miyauchi, Boston University — Spring 2020
Research Assistant for Andrey Fradkin, Boston University — Summer 2021

TEACHING EXPERIENCE

Instructor, EC 387: Health Economics, Boston University — 2021-2022
Teaching Assistant, EC 709: PhD Applied Econometrics, Boston University — 2019-2022
Teaching Assistant, EC 304: Empirical Economic Analysis II, Boston University — 2018-2019
Teaching Assistant, EC 303: Empirical Economic Analysis I, Boston University — 2018-2019

DEPARTMENTAL SERVICE

Organizer, Empirical IO Reading Group — 2020-2021

LANGUAGES:

English (fluent), Bengali (native)

COMPUTER SKILLS:

Julia, R, Matlab, Stata, LaTEX

CITIZENSHIP:

Bangladesh/F1

REFERENCES

Marc Rysman
Department of Economics
Boston University
Phone: (617)-353-3086
Email: mrysman@bu.edu

Jihye Jeon
Department of Economics
Boston University
Phone: (617) 353-3184
Email: jjeon@bu.edu

Randall P. Ellis
Department of Economics
Boston University
Phone: (617) 353-2741
Email: ellisrp@bu.edu

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Quality choice with reputation effects: Evidence from hospices in California (Job Market Paper)

Using firm-level data from California for 2002-2018, I study quality choice by hospices, uncover the importance of hospice reputation for consumers, and explore counterfactual policies that can incentivize higher hospice quality. Hospices - firms which give palliative care to dying patients - are a potential source for large cost savings and welfare improvement of terminally ill patients. A hospice's quality of service is measured by the average number of visits it makes to its patients. I define reputation of a hospice to be a nonlinear function of its past quality choices, meaning that a hospice can accumulate reputation over time by consistently choosing high quality. To see if reputation matters to consumers, I first estimate a structural model of hospice choice by consumers. I find reputation to have a strong influence on consumer demand and estimate that it decays at an annual rate of 53%. I incorporate this into a dynamic oligopoly model of hospices choosing quality to compete on reputation against rivals, and estimate it using Bajari et al (2007) to recover hospices' cost functions. I find that an additional visit costs a hospice around $200, for-profits enjoy an efficiency advantage over non-profits, and hospices in rural counties suffer a cost disadvantage compared to those in urban counties. I use the estimated structural model to study counterfactual policies that can incentivize higher hospice quality. As reputation becomes more persistent, hospices choose higher quality. Hospices also choose higher quality as prices increase, but the response depends on how differentiated it is in terms of characteristics compared to its rivals. Finally, a hybrid per-day per-visit hospice reimbursement scheme can feasibly achieve the same quality at a lower cost than the current per-day scheme.

Entry and pricing with fighting brands: Evidence from the pharmaceutical industry (with Rena Conti)

In the pharmaceutical industry, branded drug manufacturers can compete with generics by releasing an Authorized Generic (AG), which is identical to the branded drug but without the brand label attached. This is used to price discriminate between consumers of different preferences, with the branded drug charging high price and AG charging low price to compete with generics. We analyze how AG and generics interact in a strategic setting using total drug sales and revenue data on US for 2004-2016. First, we estimate a random-coefficients discrete choice demand model and find significant heterogeneity in brand valuation and price sensitivity among consumers. Next, we build a structural model of generic entry, AG release, and pricing. Combined with calibrated cost parameters, this is used to conduct counterfactuals. First, we change key demand primitives to study responses by generics and AGs in these alternative environments. Second, we show that the decision to release an AG depends mostly on the difference in marginal and per-period operating cost between generics and the AG - the higher the AG's marginal cost and operating cost relative to generics, the less likely it is to enter. Third, we show that the AG's ability to enter immediately in contrast to generics that have to wait for FDA approval gives branded drug manufacturers an additional incentive to release an AG. Fourth, we show that a faster generic approval rate leads to greater generic entry, lower likelihood of AG being released, and lower prices. Finally, we study what happens to market outcomes if AGs are banned, as has been discussed in policy circles and argued for by generic firms. Conditional on AG and generics having the same marginal cost, we find that banning AG leads to higher market prices.