

## RUBAIYAT ALAM

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### EDUCATION

Ph.D. Candidate, Economics, Boston University 2023 (expected)

Dissertation Title: *Competition and endogenous product choice 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**

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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, 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 branded drugs charging high prices and Authorized Generics charging low prices to compete with generics. Such "fighting brand" strategies are common across many industries, and in this paper I analyze such strategies by studying the release, timing and pricing decisions of Authorized Generics (and rival generics) in US. Using total drug sales and revenue data on US for 2004-2016, I uncover product release and pricing patterns after generic entry begins. I use these to motivate a structural model of drug entry and pricing. First, I estimate a random-coefficients discrete choice demand model to quantify the heterogeneity in brand valuation and price sensitivity among consumers. Next, I estimate a two-stage supply model. In the first stage, generic manufacturers make a static entry decision on whether to enter a molecule-formulation market. In the second stage a dynamic game begins where every period, generics who decided to enter are randomly approved for entry by the FDA and the branded drug manufacturer decides whether to release an Authorized Generic. I estimate the supply side model to back out the entry costs of releasing an Authorized Generic and of generics entering the market. The structural model is then used to conduct counterfactuals exploring factors that affect whether/when an Authorized Generic is released. I change values of brand heterogeneity, speed of brand diffusion, rate of generic entry, price sensitivity, market size, and generic entry costs to see how it affects the timing of Authorized Generic release.