

## Becky Staiger

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### CONTACT INFORMATION

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### ACADEMIC APPOINTMENTS

**University of California, Berkeley**, Berkeley, CA  
Assistant Professor, Division of Health Policy and Management, July 2023 –

**Stanford University**, Stanford, CA  
Postdoctoral Scholar, School of Medicine, August 2019 – July 2023

### EDUCATION

**Yale University**, New Haven, CT  
Ph.D., Health Policy & Management (Concentration in Economics), 2019

**Williams College**, Williamstown, MA  
B.A., Economics and English, 2009

### PUBLICATIONS

**Becky Staiger**, Madeline Helfer, and Jessica Van Parys. “The effect of Medicaid expansion on the take-up of disability benefits by race and ethnicity.” *Health Economics*. 2023.

Ran Sun, **Becky Staiger**, Antonia Chan, Laurence C. Baker, and Tina Hernandez-Boussard. “Changes in Medicaid enrollment during the COVID-19 pandemic across 6 states.” *Medicine*. 2022.

**Becky Staiger\***, Anran Li\*, Diane Alexander, and Molly Schnell. “Enrollment Brokers Did Not Increase Medicaid Enrollment, 2008–18.” *Health Affairs*. 2022.

Zack Cooper, Olivia Stiegman, Chima D. Ndumele, **Becky Staiger**, and Jonathan Skinner. “Geographical Variation in Health Spending Across the US Among Privately Insured Individuals and Enrollees in Medicaid and Medicare.” *JAMA Network Open*. 2022.

**Becky Staiger**. “Disruptions to the Patient-Provider Relationship and Patient Utilization and Outcomes: Evidence from Medicaid Managed Care.” *Journal of Health Economics*. 2022.

Katherine Piwnica-Worms, **Becky Staiger**, Joseph S. Ross, Marjorie S. Rosenthal, and Chima D. Ndumele. “Effects of Forced Disruption in Medicaid Managed Care on Children with Asthma.” *Health Services Research*. 2021.

Chima D. Ndumele, **Becky Staiger**, Joseph S. Ross, and Mark J. Schlesinger. “Network Optimization and the Continuity of Physicians in Medicaid Managed Care.” *Health Affairs*. 2018.

\*Indicates shared first authorship.

### WORKING PAPERS

**Provider Opioid Prescribing Behaviors and Opioid Use in Medicaid** (with Laurence Baker and Tina Hernandez-Boussard)

Abstract: *Liberal prescription of opioids is widely believed to have contributed to the ongoing epidemic of opioid misuse and related harms within the United States and elsewhere. Policies aimed at curbing the epidemic have focused on encouraging providers to adopt stricter opioid prescribing*

*behaviors. However, the extent to which the association between providers' opioid prescribing behaviors and their patients' opioid use reflects a causal influence of behavior versus patient-provider sorting is unclear. Using Medicaid claims data for three states from 2016-2021, we use provider exits from Medicaid to evaluate how enrollees with chronic pain are affected by a switch to a lower- or higher-prescribing provider. We find that among patients with prior opioid use, switching to lower intensity physicians leads to as much as a 75% decrease in opioid use, with evidence of increased hospitalizations. While we observe a 15% increase in opioid use among opioid-naïve enrollees who switch to more intensely prescribing providers, the health effects are less clear. Our findings are similar when using an instrumental variables approach to correct for the potential endogeneity of the destination provider's prescribing intensity.*

**Physician Group Influences on Treatment Intensity and Health: Evidence from Physician Switchers**, NBER Working Paper No. 29613 (with Joseph Doyle)

*Revisions requested, AEJ: Economic Policy*

*Abstract: Treatment intensity varies remarkably across physicians, yet the key drivers are not well understood. Meanwhile, the organization of healthcare is undergoing a secular transformation as physicians increasingly work in groups. This paper tests whether physicians' group affiliation matters for practice styles and patient health. Using Medicare inpatient claims data, we compare these outcomes before and after physicians switch between groups of varying treatment intensity while remaining in the same hospital to control for practice setting. Event studies show that internists who join more-intensive groups immediately increase their own treatment intensity, with an elasticity of approximately 0.3; the opposite is found for internists who switch to groups that are less intensive. This change in Medicare spending largely stems from greater quantities of care provided, with some evidence of a change in coding behavior. We do not detect a change in health outcomes, suggesting that treatment intensity induced by group affiliation may not be productive.*

GRANTS

**Identifying Trends and Disparities in Healthcare Utilization, Access, and Health Outcomes Among Racial/Ethnic Minority Supplemental Security Income Recipients**

Social Security Administration-National Bureau of Economic Research Retirement and Disability Research Center/NB22-14, 2021 - 2022

Principal Investigator: Nicole Maestas

Role: Project Leader

**Advancing Knowledge Discovery for Postoperative Pain Management**

National Library of Medicine, Aug. 2021 -

Principal Investigator: Tina Hernandez-Boussard

**NRSA Institutional Health Services Research Training Program**

Agency for Healthcare Research and Quality, Aug. 2019 - Aug. 2021

Principal Investigators: Laurence C. Baker and Douglas K. Owens

**P01-AG019783: Causes and Consequences of Health Care Intensity**

National Institute on Aging/National Institutes of Health, Oct. 2016 - Present

Principal Investigator: Jonathan Skinner

**NRSA Predoctoral Fellowship**

Agency for Healthcare Research and Quality, Jul. 2016 - 2018

Principal Investigator: Ingrid Nembhard

**T32 Yale Training Program in Addiction, Economics and Policy**

National Institute on Drug Abuse, Aug. 2013 - Jul. 2016

Principal Investigator: Jody L. Sindelar

TEACHING AND  
ACADEMIC SERVICE

**Stanford University**

*Instructor*

Empirical Methods in Public Policy; Spring 2021 (with Gopi Shah Goda)

**Yale University**

*Teaching Fellow*

Comparative Health Systems; Spring 2016, 2017, 2018, 2019

*Teaching Fellow*

Introduction to Health Policy and Health Systems; Fall 2016, 2017, 2018

*Teaching Fellow*

Maternal-Child Public Health and Nutrition; Fall 2015

*Teaching Fellow*

Microeconomics for Health Policy & Management; Spring 2015

*Teaching Fellow*

Health Policy and Health Systems; Fall 2014

CONFERENCES AND  
INVITED SEMINARS

*American Economic Association Annual Meeting, American Society of Health Economists Annual Conference, Association for Public Policy Analysis & Management, Electronic Health Economics Colloquium, BFI Health Economics Initiative Annual Conference 2023, Medicaid Insights Colloquium, Stanford Biomedical Informatics Colloquium* **2022 – 2023**

*AcademyHealth Annual Research Meeting, American Society of Health Economists Annual Conference, Bureau of Economic Analysis, Social Security Administration* **2021 – 2022**

*AcademyHealth Annual Research Meeting, American Society of Health Economists Annual Conference, Association for Public Policy Analysis & Management* **2020 – 2021**

*American Economic Association Annual Meeting, American Society of Health Economists Annual Conference (cancelled)* **2019 – 2020**

*AcademyHealth Annual Research Meeting, American Society of Health Economists Annual Conference* **2018 – 2019**

*American Society of Health Economists Annual Conference* **2015 – 2016**

PROFESSIONAL  
EXPERIENCE

**The Dartmouth Institute**, Lebanon, NH

<i>Senior Technical Research Programmer/Analyst</i>	<b>2019 – 2022</b>
<i>Research Assistant to Professor Jonathan Skinner</i>	<b>2016 – 2019</b>

<b>Yale University</b> , New Haven, CT	
<i>Research Assistant to Professor Chima Ndumele</i>	<b>2016 – 2019</b>

<b>National Bureau of Economic Research</b> , Cambridge, MA	
<i>Research Assistant to Professor Joseph Doyle</i>	<b>2012 – 2013</b>

<b>Analysis Group</b> , Washington, DC	
<i>Analyst</i>	<b>2011 – 2012</b>

<b>Federal Reserve Board of Governors</b> , Washington, DC	
<i>Research Assistant</i>	<b>2009 – 2011</b>

REFeree  
EXPERIENCE

*Addiction, AEJ: Economic Policy, American Journal of Health Economics, Health Economics, Journal of Health Economics, Journal of Policy Analysis and Management, Management Science, RAND Journal of Economics*