

Becky Staiger

CONTACT INFORMATION

Health Policy & Research
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APPOINTMENTS

Stanford University, Palo Alto, CA
Postdoctoral Scholar, Health Research & Policy, 2019 –

EDUCATION

Yale University, New Haven, CT
Ph.D., Health Policy & Management (Concentration in Economics), 2019
Thesis: “The Role of the Physician-Patient Relationship in the Coproduction of Healthcare”
Committee: Mark Schlesinger (*Chair*), Jason Abaluck, Chima Ndumele, Jonathan Skinner

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

RESEARCH IN PROGRESS

“Disruptions to the Patient-Provider Relationship and Patient Utilization and Outcomes: Evidence from Medicaid Managed Care.” (Under Review)

The patient-provider relationship is considered a cornerstone to delivering high-value healthcare. However, in Medicaid managed care settings, disruptions to this relationship are disproportionately common. In this paper, I evaluate the impact of a provider’s exit from a Medicaid managed care plan on adult beneficiary healthcare utilization and outcomes. Using an event study approach, I estimate a 5% decrease in the number of beneficiaries with primary care visits in the year following the exit, with slightly larger effects for patients with chronic conditions. Additionally, I observe a 28% increase in the number of beneficiaries with a chronic condition who are hospitalized following a disruption.

“Effects of Forced Disruption in Medicaid Managed Care on Children with Asthma.” (Under Review)
(with Katherine Piwnica-Worms, Joseph S. Ross, Marjorie S. Rosenthal, and Chima D. Ndumele)

We use Medicaid managed care administrative claims data from a Southeastern state to evaluate the effect of a forced disruption to Medicaid managed care plans and provider networks on health utilization and outcomes for children with persistent asthma. Using a difference-in-difference approach, we find an additional 2.5 percentage point decrease in the number of children who had an office visit among those who were forced to switch their managed care plan due to a statewide redistribution of patients to new plans. Disruption to both plan and primary care provider was associated with a one percentage point decrease in the number of children who ever had an asthma-specific office visit, though this decrease was 1.6 percentage points less relative to children who didn’t switch their primary care provider. We found no significant effect on asthma care quality and emergency care utilization measures.

“Physician Group Influences on Treatment Intensity and Health: Evidence from Physician Switchers.” (In Progress)

There is striking amount of variation in treatment intensity across physicians, yet the determinants and implications of this variation are less-well understood. Potential explanations include physician preferences and institutional incentives and constraints. The aim of this paper is to estimate the influence that a physician’s group environment has on treatment intensity and health outcomes. Our setting is inpatient care among Medicare beneficiaries, and our empirical strategy compares physicians before and after they switch group practices, which we characterize by their level of treatment intensity and their size. While most of the variation in treatment intensity across physicians stems from their own practice styles, the physician’s group matters as well: a 10% increase

in the destination-group intensity relative to a physician's origin group results in a 1.7% increase in physician intensity; the opposite is found for physicians who switch to groups that are less intensive. We find no evidence that this greater intensity affects health outcomes measured by readmissions and mortality, suggesting that the additional intensity is not productive. Our results imply that approximately 15% of the observed variation in group intensity within hospitals can be attributed to group-specific components, while physician-side components account for the other 85% of variation.

“Better-Than-Random Matching of Patients to Physicians and Its Effects on Utilization and Health Outcomes.” (In Progress)

I develop a model of patient and physician coproduction of health that aims to inform the creation of optimal provider-patient relationships. I apply this model in Medicaid managed care settings, focusing on enrollees with a new diagnosis of a chronic condition. After estimating the relative importance of the relationship in the coproduction of health outcomes, I demonstrate that sorting patients to providers in a systematic way based on observable attributes could reduce avoidable hospitalizations by up to 30%. Conservative back-of-the-envelope calculations suggests that this translates into approximately \$270 million in potential annual savings. These findings indicate that a more systematic approach to matching patients and physicians—even one based on simple demographic information—has the potential to improve health and reduce avoidable spending.

“Regional Variation in Medicaid Spending and Utilization: A National-Level Claims-Based Approach.” (In Progress) (with Jessica Ross, Jonathan Skinner, and Lindsey Leininger)

Regional variation in spending and utilization has been evaluated extensively for the 60 million Americans receiving Medicare. However, our understanding for the nearly 75 million Medicaid enrollees, many of whom are our country's most vulnerable citizens, is much less developed. In this paper, we use a largely under-utilized, national Medicaid database (the MAX files) with adjustments for systematic under- and over- reporting by state, to measure spending, utilization, and prices across 306 Hospital Referral Regions. Norming to 2014, the most recent year available, we find substantial variations in total spending across the U.S.—greater than in Medicare—and little to no correlation between total spending and Medicare spending.

PUBLICATIONS

Ndumele, Chima D. and **Becky Staiger**, Joseph S. Ross, Mark J. Schlesinger. “Network Optimization and the Continuity of Physicians in Medicaid Managed Care.” *Health Affairs*. Vol. 37, No. 6. 2018.

GRANTS

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

Yale University

Teaching Fellow

Comparative Health Systems; Spring 2016, 2017

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

PROFESSIONAL
EXPERIENCE

The Dartmouth Institute, Lebanon, NH

Senior Technical Research Programmer/Analyst

2019 –

The Dartmouth Institute, Lebanon, NH

Research Assistant to Professor Jonathan Skinner

2016 – 2019

Yale University, New Haven, CT

Research Assistant to Professor Chima Ndumele

2016 – 2019

National Bureau of Economic Research, Cambridge, MA

Research Assistant to Professor Joseph Doyle

2012 –

Analysis Group, Washington, DC

Analyst

2011 – 2012

Federal Reserve Board of Governors, Washington, DC

Research Assistant

2009 – 2011