ILANA M. SALANT

isalant@g.harvard.edu
Cell 917-656-4486
https://healthpolicy.fas.harvard.edu/people/ilana-salant

HARVARD UNIVERSITY

Harvard Ph.D. Program in Health Policy
8 Story St, Cambridge MA 02138

Placement Director: David Grabowski grabowski@hcp.med.harvard.edu
Placement Director: Haiden Huskamp huskamp@hcp.med.harvard.edu
Administrative Contact: Deborah Whitney deborah.whitney@harvard.edu

Education

Harvard University
Ph.D. Health Policy (Economics Track), 2020 to 2026 (expected)

Toulouse School of Economics
MSc, Economics, *Valedictorian,* 2019

Barnard College of Columbia University
B.A, Economics, *Cum Laude*, 2016

Fields

Health Economics
Industrial Organization
Public Economics

References

Professor Nicole Maestas (Chair)
Maestas@hcp.med.harvard.edu

Professor David Grabowski
Grabowski@hcp.med.harvard.edu

Professor Tim Layton
timothyjlayton@virginia.edu

Professor Mark Shepard
mark_shepard@hks.harvard.edu

Fellowships & Awards

Harvard University Dissertation Completion Fellowship, 2025-2026
Pre-Doctoral Fellowship in Aging and Health Economics, National Bureau of Economics Research (NBER), 2022-2024
Valedictorian, Economics of Markets and Organization Track, Toulouse School of Economics, 2019

Teaching

Research in Health Economics, Harvard University
Teaching fellow for Professor Mark Shepard, Fall 2024

Why is There No Cure For Health?, Harvard University
Teaching fellow for Professor David Cutler, Fall 2023

Employment

Cornerstone Research, Summer Associate, 2025
E.CA Economics (Brussels), Summer Intern, 2017
Federal Trade Commission (Washington D.C.), Bureau of Economics, Summer Intern, 2014-2015

Research

Research Assistant, Harvard University, Professors Tim Layton and Mark Shepard, 2021
Pre-Doctoral Research Fellow, Stanford Institute for Economic Policy Research, Maria Polyakova, 2019-2020

Job Market Paper **"The Impacts of Privatization in Home Health Care: Evidence from Arkansas"**

Abstract: This paper studies the effects of an ownership transition in home health care by analyzing Arkansas's 2016 sale of its statewide public agency network to a national for-profit chain. Using Medicare claims from 2010–2021 and difference-in-differences methods, I estimate both agency-level and market-level impacts. Privatization led to sharp increases in service intensity—including therapy visits and coded complexity—with episode payments rising by 27\%. Home health use expanded by 10\% at the state level, while clinical outcomes such as hospitalizations and mortality remained flat. A stylized model highlights how billing effort, strategic documentation and service mix, can raise the effective price of care, inducing supply expansion. I also consider alternative explanations such as marketing effort or operational efficiencies. While access expanded, the welfare implications depend on the relative costs and value of the additional care delivered.

Submitted Papers **"Beyond Post-Acute Care: Characterizing Community-Admitted Medicare Home Health Users and Associated Spending"** (with Mark Shepard, Nicole Maestas, Tim Layton, and David Grabowski)

"Home Health Specialization and Post-Acute Outcomes" (with Amanda Chen and David Grabowski)

Working Papers

"Supply-Driven Home Health Care Use in Medicare: Evidence from Agency Entry and Exit"

Home health care has long been characterized as highly responsive to supply-side factors. Despite this widespread perception, there is limited direct evidence on how supply affects patterns of use. This study leverages variation in home health agency entry and exit across time and local areas to examine the supply sensitivity of home health care and its downstream consequences. Analyzing how changes in home health supply differentially affect post-acute versus community-entry patients reveals stark differences in responsiveness: although changes in supply have minimal effects on post-acute care use, they substantially increase community-entry use . Beyond these direct effects on use, expanded access generates complex shifts in broader healthcare use. These effects operate through both substitution and complementarity channels: expanded access reduces hospitalizations and Medicaid-funded nursing homes, but also increases prescription drug use and hospice use. The increase in total Medicare spending suggests that expanded home health access represents a net addition to Medicare services rather than pure substitution. Together, these two sets of results - the differential supply sensitivity between care pathways and the complex healthcare use patterns that result from expanded access - challenge the conventional view of home health care as primarily a substitute for institutional post-acute care.

"What Determines the Supply of Medicare Home Health Agencies?"

Abstract: This paper examines how Medicare payment policy influences the supply of home health agencies (HHAs). I exploit a 2006 reform that redefined the geographic boundaries used to calculate Medicare's home health wage index, creating plausibly exogenous variation in episode-based payment rates across local markets. Using national provider data from 2002–2022 and an event study design, I find that HHAs respond to negative payment shocks by reducing employment and slowing entry, while responses to positive shocks are more muted—consistent with already-high Medicare margins reducing the incentive to expand. A case study of California suggests that these supply-side changes do not translate into short-run changes in utilization. These findings shed light on how regulated prices shape firm behavior and market structure in a low-fixed-cost segment of the health care sector.

Seminars & Conferences	ASHEcon June 2025 (Nashville, TN); Harvard Health Economics Seminar (April 2025); Harvard Health Policy Seminar (November 2024); T32 Training Seminar/NBER (September 2024)
Academic Service	Referee for Journal of Health Economics, JAMA Health Forum, Health Affairs Organizer, National Institute of Health T32 Training Seminar (2023-24)
Research Grants	National Institute on Aging, Grant Number T32-AG000186
Languages	English (native); French (fluent)
Software skills	Stata, Matlab, R, SQL