

Radhika Ramakrishnan

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<b>Fields</b>	Health Economics, Applied Microeconomics
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<b>Education</b>	Ph.D., Economics, Northwestern University, 2026 (Anticipated) Dissertation: Economics of Hospital Markets and Health Policy Committee: David Dranove (Chair), Craig Garthwaite, Molly Schnell M.A., Economics, Northwestern University, 2021 B.S., Mathematics with specialization in Economics, University of Chicago, 2018
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<b>Fellowships &amp; Awards</b>	Dissertation Year Fellowship - Northwestern University, 2025 Distinguished Teaching Assistant Award - Northwestern University, 2022, 2024 Institute for Policy Research Fellowship - Northwestern University, 2022-2023 University Fellowship - Northwestern University, 2020-2021 Departmental Honors - University of Chicago Economics Department, 2018 Dean's List - University of Chicago, 2014-2018 National Merit Scholar, 2014-2018
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<b>Teaching Experience</b>	Teaching Assistant, Northwestern University Introduction to Macroeconomics, 2021, 2023-2025 Introduction to Microeconomics, 2024 Industrial Organization, 2024 International Trade, 2022 Teaching Assistant, Kellogg School of Management Marketing Strategy, 2022-2024 Grader, Kellogg School of Management Healthcare Strategy, 2023
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<b>Research and Professional Experience</b>	Research Assistant, Professor Hannes Schwandt, Northwestern University, 2022-2023 Research Analyst, Federal Reserve Bank of New York, 2018-2020
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<b>Job Market Paper</b>	“Hospital Ownership and Quality of Care” Differences between nonprofit and for-profit hospitals within the private US hospital market have been a matter of longstanding theoretical and empirical interest in economics and are the subject of much policy debate. Despite this, few prior works take a causal approach to examining the difference in quality of care between these hospital types. I apply an instrumental variables strategy based on ambulance preferences for individual hospitals (Doyle et al. 2015) to mitigate patient selection into hospital types. I find that for-profit hospitals offer slightly worse care (5.7% higher readmissions) and cause patients to experience higher costs (6.7%). These effects are not attenuated over time. Higher
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costs are likely driven in part by higher treatment intensity in the form of more frequent inpatient admissions and longer stays.

## Other Works in Progress

“Private Equity Ownership in the US Hospital Industry”

“Vertical Integration and Provider Choice” with Xingyue Xin

In order to ultimately be matched with specialist healthcare providers who are the best fit for them, patients may have to undergo a search process that involves switching providers. We examine the impacts of vertical integration between primary care providers and specialist providers, whether in hospital or practice settings, on the likelihood that diabetes patients switch endocrinologists. Vertical integration may make it easier for patients to find the right endocrinologists by initially creating higher-value matches (less switching). On the other hand, vertical integration may make it harder by inducing referrals by primary care providers to integrated endocrinologists who may not be the best fit (more switching). We implement two-way fixed-effects designs to examine the relationship between vertical integration and the likelihood of seeing and switching providers. Preliminary results suggest that patients with vertically-integrated primary care providers are more likely to see and switch endocrinologists. Next steps involve exploring the relationship between switching and health outcomes, as well as examining mechanisms for results so far.

## Additional Working Paper

“School Finance Reforms and Birth Outcomes” with Samuel Ayers

A series of school finance reform policies in the late 1900s aimed to reduce educational inequalities across schools. Third-wave school finance reform policies implemented funding changes that were intended to address inequalities in educational outcomes. Prior work (Rothstein and Schanzenbach, 2022) finds that these policies improved educational and labor market outcomes. We examine the relationship between third-wave school finance reform policies and maternal and infant outcomes. Estimates from an event-study design suggest that these policies did not impact maternal and infant outcomes. For several outcomes, the confidence intervals include effect sizes comparable to those estimated for other education policies and related treatments or other economically meaningful effects.

## Languages

English (native), French (intermediate), Tamil (heritage), Hindi (heritage)

## References

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