

JASON SHAFRIN

University of California, San Diego
Economics Department
9500 Gilman Drive, Box 0508
La Jolla, CA 92093-0508
Phone: (858) 366-3983
Email: jshafrin@ucsd.edu

Education

- 2004-present **University of California, San Diego**
- ◆ Economics PhD student – third year
 - ◆ Specialty: Healthcare Economics
 - ◆ Dissertation Advisor: Julie Cullen
- Current GPA: 3.7
- 1998-2002 **University of Pennsylvania** *cum laude*
- ◆ Wharton School – B.S. of Economics
 - ◆ College of Arts and Sciences: B.A. in Spanish
- GPA in concentration: 3.7
GPA in major: 3.8

Work Experience

- 2002-2004 **General Electric** – *Financial Analyst*
- ◆ Led high-level sales revenue analysis for GE's \$6 billion Industrial Systems unit
 - ◆ Helped to create an internal website allowing managers to view daily sales data broken down by date, region, product line, P&L, etc.
 - ◆ Worked with an international team in Barcelona, Spain to evaluate the present value of outstanding patents for GE products
- 2001 **Government Scholars Fellowship** – *NYC Housing Authority Capital Budget Fellow*
- ◆ Audited budget overruns in contracts to outsourced vendor using SQL queries
 - ◆ Created monthly report analyzing status of \$270m HUD Capital Fund grant
 - ◆ Wrote Capital Budget resource handbook which included: suggestions to streamline managerial procedures, workflow diagrams, summaries of NYCHA & HUD policies

Professional Affiliations

- ◆ Founder and Editor of the Healthcare Economist blog (healthcare-economist.com)
- ◆ Member of the Eastern Economic Association

Teaching

2005-2007 **University of California, San Diego** – *Teaching Assistant (TA)*

- ◆ Teaching Assistant for the following undergraduate classes: Economics of Health, Public Economics, Urban Economics, Law and Economics, the Economics of Population Growth, Econometrics, Economics of Religion
- ◆ Received superior student evaluation rating in all classes in which was a TA.

Working Papers

“Operating on commission: Analyzing how physician financial incentives affect surgery rates using nationally representative household data”

Measuring how physician financial incentives impact on medical service provision has been a preoccupation of healthcare economists for many years. While the literature has explored the financial incentives of primary care physicians in great detail, the fields in which specialist physicians work has been largely overlooked. In this paper, a theoretical model is developed in which the quantity of specialist medical services is a function of both specialist and primary care physician financial incentives. The empirical section of the paper employs the Restricted Use 1996/1997 Community Tracking Study (CTS) dataset to test the model's predictions using surgery rates as a proxy for the quantity of specialist services. The CTS is a household based survey which includes observational data on both primary care and specialist compensation. Using a variety of econometric specifications and controlling for adverse selection, I find the financial compensation has a large effect on surgery rates. When specialists are paid through a fee-for-system (FFS) methodology rather than a capitation or salaried basis, surgery rates increase 155%. There is suggestive evidence that surgery rates fall when primary care physicians are paid on a fee-for-service basis compared to capitation or salaried payments.

“Adam Smith meets Jonas Salk: Estimating the Social Cost of Influenza Vaccination Regulation” (with John Fontanesi, Mark Messonnier, and Bo-Hyun Cho)

Influenza is the 7th leading killer in the United States. Center for Disease Control and Prevention (CDC) guidelines recommend that all parents of children between 0 and 60 months old should be vaccinated. Insurance companies, however, will not compensate pediatricians who administer influenza vaccinations to adults. This seemingly innocuous insurance company regulation, however, is creating significant costs to society. Using a new observational data from a standardized workflow analysis, the cost of vaccination and the cost of the prohibition of pediatrician vaccination of adults is estimated. This paper finds the current cost of the regulation to be between \$4.4 and \$140.5 million, and estimates the costs to be even higher if the CDC were to adopt a proposed guidelines that all parents of children 0 to 18 years old be vaccinated..

- ◆ Presented at the 2007 Eastern Economic Association Conference in New York

Skills

- ◆ Matlab ~ Stata ~ HTML ~ Microsoft Office ~ Fluent Spanish Speaker