Manasvini Singh

(Preferred Name: Vini Singh | Gender: Female)

Doctoral Student, Health Economics & Policy
Department of Health Policy & Management

Emory University
1518 Clifton Rd, Atlanta, GA 30322
manasvini.singh@emory.edu

Education

(Expected 05/2020)	PhD in Health Economics and Policy Department of Health Policy and Management Emory University, Atlanta GA
2014	MSPH in Health Systems Department of International Health Johns Hopkins University, Baltimore MD
2012	BS in Ecology and Evolutionary Biology Department of Biosciences Rice University, Houston TX

Dissertation Committee

Dr. David Howard, PhD (Chair)
david.howard@emory.edu
Professor
Dept. of Health Policy & Management
Emory University

Dr. Benjamin Druss, MD
bdruss@emory.edu
Chaired Professor
Dept. of Health Policy & Management
Emory University

Dr. Ian McCarthy, PhD
ian.mccarthy@emory.edu
Assistant Professor
Dept. of Economics
Emory University

Dr. Thomas Valley, MD
valleyt@med.umich.edu
Assistant Professor
Dept. of Internal Medicine
University of Michigan

Grants (Under Review)

Title: How do Age Bands Affect Consumer Welfare? An Experimental Analysis of the Moderating Effects of Insurer Consolidation and Adverse Selection
Role: Co-PI
PI: James C. Cox, Noah Langdale Jr. Chair in Economics, Andrew Young School of Policy Studies, Georgia State University (e:mail: jccox@gsu.edu)
Funding Agency: Russell Sage Foundation (Presidential Award)
Amount Requested: $35,000

Dissertation Works in Progress

1. The influence of hospital resource constraints on physician decisions regarding ICU admissions and its effects on patient outcomes
2. Patient death as an information shock: Do physicians adjust their practice patterns after experiencing patient death?

3. The heterogeneous effects of publicly reported physician performance metrics: Evidence from the ProPublica Surgeon Report Card

Working Papers

1. Impact of a Telepsychiatry Program on ED Use and Outpatient Follow-Up: An Econometric Analysis *(with Dr. Benjamin Druss and Dr. Jason Hockenberry)*

Peer-Reviewed Publications

1. Druss, B. G., **Singh, M.**, von Esenwein, S. A., Glick, G. E., Tapscott, S., Tucker, S. J., ... & Sterling, E. W. (2018). "Peer-Led Self-Management of General Medical Conditions for Patients With Serious Mental Illnesses: A Randomized Trial". *Psychiatric Services*, 69(5), 529-535.
2. Rudolf, V. H., **Singh, M**. (2013). Disentangling climate change effects on species interactions: effects of temperature, phenological shifts, and body size. *Oecologia*, 173(3), 1043-1052.

Editorials

1. **Singh, M**. "Philanthropy is a Flawed Response to Global Poverty". *Opposing Viewpoints: Poverty (Vol III)*. Cengage Learning Publishers. 2012.
2. **Singh, M**. "Philanthropy and the Messiah Complex". *Reflections in Global Health and Education: An Anthology*. Consortium of Universities in Global Health. 2015

Teaching experience (Graduate level)

1. **Emory University**: Health Policy Analysis; Health Economics; US Mental Health Policy; Case Studies in Public Mental Health
2. **Johns Hopkins University**: Observational Epidemiology; Professional Epidemiology; Children in Crisis: An Asset-Based Approach to Working with Vulnerable Youth

Work Experience

Research Coordinator, Johns Hopkins University School of Medicine	2014-2015
CFAR Fellow, Johns Hopkins Center for AIDS Research	2013-2014
mADDS Research Assistant, Bill & Melinda Gates Institute	2013-2014
Research Assistant, International Vaccine Access Center (IVAC)	2012-2013
JHU PHASE Fellow, Maryland Department of Health & Mental Hygiene	2012-2013
Research Consultant, National Geographic Magazine	2007

Awards and Honors

Omicron Delta Kappa National Honor Society	2017
Graduate Scholarship, Patient Centered Outcomes Research Institute	2017
Laney Graduate Fellowship, Emory University	2015-2020
Call for Innovation Prize, Johns Hopkins Carey Business School	2014
Greene Prize for Environmental Sciences, Rice University	2011
Edgar Odell Lovett Merit Undergraduate Scholarship, Rice University	2008-2012

Skills and Participation

Computer Languages: SAS, Stata, Python
Referee Work: Medical Care
Conference Participation: ASHECon 2018 (Discussant)

Doctoral-level Courses (Dept. of Economics)

Course (Instructor)	**Grade***
Microeconomic Theory I (Dr. Jesse Schwartz)	A
Probab. Theory & Stat. Inference (Dr. Esfandiar Maasoumi)	A
Quantitative Methods I (Dr. Daniel Levy)	S
Microeconomic Theory II (Dr. Jesse Schwartz)	A
Econometric Methods I (Dr. Ruixuan Liu)	A
Experimental Economics (Dr. James Cox)	S
Macroeconomic Theory (Dr. Vivian Yue)	AU
Health Economics I (Dr. Sara Markowitz)	A
Health Economics II (Dr.Ian McCarthy)	(in-progress)

Doctoral-level Courses (Dept. of Health Policy & Management)

Course (Instructor)	**Grade***
Quantitative Methods Using SAS (Peter Joski)	A
Doctoral Sem. in Health Policy I (Dr. Jason Hockenberry)	A
Doctoral Sem. in Health Policy II (Dr. Jason Hockenberry)	A
Special Topics: How Policymakers Think (Dr. Richard Saltman)	S
Doctoral Sem. in Health Policy III (Dr. Jason Hockenberry)	A
Doctoral Sem. Health Economics (Dr. Jason Hockenberry)	A
Theory-Based Research Design (Dr. Janet Cummings)	A

***SCALE**: A = 4.0/4.0; S/NS = Satisfactory/Not-Satisfactory; AU = Audit

EMORY UNIVERSITY

September 12, 2018

To Whom It May Concern:

I would like to recommend Manasvini (Vini) Singh for the NBER Health Economics Research Boot Camp for Graduate Students. Vini is a third year doctoral student in Emory's Doctoral Program in Health Economics and Policy. Students in the program take doctoral-level courses in microeconomics and econometrics, so she will not have a problem keeping up with the material.

Vini's dissertation research examines how physicians' past experience influences their treatment decisions. Physicians who experience unusually good or bad outcomes may adjust their treatment patterns in response. Her research tests this theory in two settings – admissions to the intensive care unit and the choice of Cesarean or routine delivery – where there is significant variation between hospitals and physicians in how patients are treated. The research will shed light on whether physicians overweight their recent personal experience when deciding how to treat patients.

Vini is an excellent student and has great potential to go on to a successful career in health economics. The boot camp will offer her a unique opportunity to learn new methods and identify important areas of investigation in the field. Her interests are closely aligned with many of the researchers slated to lead the boot camp (especially Drs. Kolstad and Handel), and I believe that she would benefit tremendously from their expertise. It would also give her a greater opportunity to interact with like-minded students and researchers who are interested in questions similar to hers, and who might be able to provide further feedback on her research.

Sincerely,



David H. Howard, Ph.D.
Professor
Department of Health Policy and Management
Emory University
david.howard@emory.edu

Sep 15, 2018

Manasvini Singh
Dept. of Health Policy and Management
Emory University

Address: 1518 Clifton Road, Room 623
Atlanta, GA 30322

E-mail: manasvini.singh@emory.edu
Phone: +1 (832) 722-9948
Twitter: @vini_singh44

NBER Health Economics Bootcamp for Graduate Students
1050 Massachusetts Ave
Cambridge, MA 02138

To Whom This May Concern:

I am a fourth-year doctoral student in the *Health Economics and Policy* program at Emory University. I am interested in applying to the NBER Health Economics Research Bootcamp because of the significant overlap between my research interests and the topics on the bootcamp agenda (specifically those pertaining to behavioral economics). I believe that this bootcamp will offer me valuable insight into new frontiers of health economics research, especially since Emory does not offer a seminar with a similar topical focus.

I have enclosed the following application materials within this document:

Curriculum Vita Page 2
Relevant Coursework Page 4
Essay Page 5

I have also included my complete contact details in this letter. My recommendation letter writer is my committee chair, **Dr. David Howard** (e:mail: dhhowar@emory.edu), who would be happy to answer any follow-up questions that you may have. Please feel free to contact me as well if you have any further questions. Thank you for reviewing this application, and I look forward to the opportunity to attend this workshop.

Sincerely,

Manasvini Singh

Essay

I was thrilled to see this particular NBER call for applications, given the substantial overlap between my research interests and the topics on the bootcamp agenda. Now that I am in my fourth year, my research is beginning to converge at the intersection of behavioral economics and health policy, particularly in the context of physician learning and decision-making. I am interested in the learning processes and heuristics that underlie physician behavior, and how these processes are impacted by organizational and policy environments. Below, I first elaborate on my research agenda to set the stage for explaining why this bootcamp will be a good fit for me. Given that my research is still in its early stages of development, this bootcamp can help my ideas develop to their full potential. This bootcamp also provides an unmatched opportunity for me to obtain a deeper understanding of the fundamental theories, relevant methodologies, and cutting-edge research within behavioral health economics - especially since Emory does not yet offer a similar seminar. I am positive that such a comprehensive dive into this field will significantly elevate my research trajectory.

In one of my proposed dissertation papers, I examine a model of experiential physician learning in which the physician's current decision is influenced by observed outcomes of similar decisions in the recent past, conditional on observed patient characteristics. I hypothesize that when systems have highly noisy feedback, physicians are more likely to focus on extreme outcomes (such as patient death) when retrospectively evaluating the "correctness" of their decisions. This selective focus in noisy systems may arise because scarce cognitive resources lead physicians to search for highly salient signals, or because physicians have strong prior beliefs that extremes in noisy systems are less likely to be driven by randomness (and are thus more informative signals). I empirically investigate this hypothesis in two clinical settings (ICU and labor/delivery), where the causal drivers of patient outcomes are unclear, negative outcomes are often extreme, and feedback is noisy. I then try to assess whether the potential influence of previous adverse events leads to suboptimal decision making.

While my first paper examines the impact of internal (i.e., within-physician) information shocks on physician behavior, my second paper examines how physicians respond to external information shocks. To examine this question, I exploit the 2015 release of the ProPublica Surgeon Report Card, which ranked surgeon performance relative to each other (and to the hospital average) for 8 key surgical procedures. I ask whether physicians "play to the game", i.e., whether they adjust their practice patterns to optimize the outcomes being publicly reported at the expense of other important, but unmeasured, drivers of patient health. Given the mixed literature on this topic, I hypothesize that report cards have heterogeneous effects across physicians. Specifically, surgeons facing significant competition from other physicians either within-network, within-hospital, or within-HRR, may respond to the report card more than other physicians. Additionally, surgeons who show a greater propensity to learn from their own and others' past failures may also be more likely to respond to negative feedback from the report card.

My final paper investigates how organizational and operational environments influence physicians' ICU admission decisions. Using geographic location measures such as differential distance as instrumental variables, I investigate how several organizational factors (e.g., ICU bed share, staffing levels, hospital intensivist structure, etc.) impact ICU admission rates and resulting patient outcomes. I supplement the results from this analysis using micro-level EHR data. Specifically, I investigate how ICU capacity constraints affect physician preferences for either an egalitarian model of ICU admission (based on first-come-first-serve) verses a utilitarian model of ICU admission (based on perceived need/benefit).

Given this topical overlap, there are two important aspects of this bootcamp that would specifically benefit my research and future career. The first aspect is the opportunity to personally learn from individuals whose work significantly informs my own (particularly Drs. Kolstad, Handel, and Schwartzstein). I have found indispensable mentorship from my committee members at Emory, which has taught me the importance of having access to expert guidance in my doctoral journey. My frequent, often informal interactions with them – simply brainstorming ideas and troubleshooting problems - have been as instructive for my research development as all my structured coursework. Thus, I believe that I will benefit greatly from hearing about the perspectives and experiences of the bootcamp speakers, beyond what I can learn by just reading the papers on my own.

The second aspect is that this bootcamp offers a uniquely multifaceted view of the seminal and innovative research in health economics, which aligns perfectly with the inherently interdisciplinary nature of my work. I have observed that often the best research questions are born from combining insights from different fields. Given the frequent blurring of lines between public economics, industrial organization and behavioral economics in health/public policy, I find that a sweeping, comprehensive look at the seminal research done in all these fields will allow me to consider the "forest" instead of "just the trees" when formulating research ideas. This zoomed-out view of the major issues in these fields will hopefully encourage me to design studies that try to answer the "big" foundational questions in health economics.

Given these reasons, this seminar seems uniquely poised to assist me in my current research agenda, as well as ground me in a research field that will only become more important with time. As physicians are tasked with ever-increasing responsibilities in the care of patients, they are also faced with the prospect of increased automation in all aspects of clinical care. This tension fosters an important area for further investigation in health economics. What tasks do physicians do well, and what are the behavioral processes that underlie their execution of these tasks? How can policies be created that help them to perform better? Conversely, what kinds of tasks do physicians struggle to perform, and why? How can we create organizational systems and safeguards that reduce the negative consequences of suboptimal decisions? These are the types of questions I hope to answer in my career as a health economist.