Amanda Loyola

Personal Information

Date of Birth: April 1990
Nationality: Chilean
Email: aloyola@brown.edu

Education

Brown University, Providence, US

PhD in Economics, 2015 - present.

Completed courses: First year core sequence, Economics of Labor and Population (Prof. Oster), Public Economics I (Prof. Friedman), Econometric Theory (Prof. Schennach), Economic Development I (Prof. Sautmann), Industrial Organization (Prof. Shapiro), Public Economics II (Prof. Finkelstein, MIT), Public Policy in Health Economics (Prof. Williams, MIT).

Current courses: Medicare, A data based policy examination (Prof Mor, School of Public Health, Brown University).

University of Chile, Santiago, Chile

M.A. Economics, 2014.

B.A. Business and Economics, 2013.

Academic Experience and Research

Brown University

Research assistant for Professor Anna Aizer, 2016 - 2018.

Research assistant for Professor Nathaniel Hilger, Spring 2017.

Research assistant for Professor Emily Oster, Summer 2016.

World Bank

Consultant under the guidance of Senior Economist Maria Marta Ferreyra, 2015.

Harvard University

Research assistant for Professor Filipe Campante, 2014.

Boston University

Research assistant for Professor Daniele Paserman, 2014.

Research assistant for Professor Francesco Decarolis, 2014 - 2015.

Presentations

Applied Microeconomics Lunch Seminar, Brown University, 2018.

Other academic activities

Center for Mathematical Modeling

School and Workshop on Dynamic Games and its Applications. Valparaíso, Chile, December 2012.

Awards and Honors	Third Year Paper Prize in Economics: Abramson Award, Brown, 2018.
	Graduate Student Scholarship, Brown University, 2016 - present.
	Conicyt (Scientific Chilean Council) Scholarship for graduate studies, 2013.
Languages	Spanish (native), English (fluent), French (beginner).

Dear Selection Committee,

I am writing to recommend that you accept Amanda Loyola Heufemann into the health care bootcamp. Amanda is an excellent fourth year student in our PhD program, and I think her research would benefit considerably from exposure to this type of intensive information. I should say up front that I am writing letters for both Amanda and Valeria Zurla. I think both are deserving of slots, but I do think Valeria would benefit more than Amanda, were you constrained.

I have known Amanda since she took my second year PhD class. She was among the best students in the class, and produced an impressive paper, particularly given the 14 week course time frame! Based on this, I invited her to be part of a small group of students who I met with in the semester following my class to work more on these course papers. I got to know her well there.

The aspect of Amanda that I find most impressive is her ability to come up with creative new ideas. Many graduate students get stuck on a single idea and cannot come up with new ones. This is not the case for Amanda. This fall, as she was working on her third year paper, we had weeks where she'd come with five new ideas every week. They were not all usable – many were interesting but not feasible given data constraints – but the fact that she kept coming up with them was impressive.

In terms of her research output, she has made good progress for a fourth year. In her third year paper she used Medicare data to look at the impact of increasing physician reimbursement rates on physician supply. Versions of this policy have been tried many times, since it is generally accepted that there is an undersupply of doctors in some (mostly rural) areas of the country.

Amanda exploits a policy which increased, and then decreased, the payments to doctors working in underserved areas. She uses a difference in difference strategy, comparing areas which were affected by the policy to those which were not. She finds very minimal reactions. There may be a small increase in amount of treatment, but no important increases in physician supply, which was the aim of the policy.

This is an important finding because it implies that the policy was very expensive but didn't address the problem at all. Given the limited funds for health care, understanding which policies do not work is very important. Amanda is currently working on expanding the years of data (by applying through the NBER) which will enhance this paper. But even as it is, her writing is clear and concise and the paper is very well done.

I expect Amanda to be among our best students in her year and I urge you to admit her.

Sincerely yours,

Emily Oster

Amanda Loyola

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857-294-3778

Dear Professor Handel, Professor Ho, and Professor Kolstad,

I am applying to the Health Economics Research Boot Camp for Graduate Students. Enclosed are copies of my CV and personal essay. I have asked my advisor Professor Emily Oster to be my recommendation letter writer.

Most sincerely,

Amanda Loyola

Essay

I think I would greatly benefit from attending the boot camp. I have devoted the last 2 years of my 3 years in graduate school to study and learn about different issues of the field of Health Economics. Because I grew up in Chile, I was initially unaware of most issues and practical details of the US health care system. However, in this last 2 years I have been lucky to have the guidance of Emily Oster who in my second year organized a discussion group to motivate students to pursue topics of their interest. Additionally, that year I started working as a Research Assistant for Anna Aizer, and later I attended MIT's second class on Public Economics with Amy Finkelstein and Health Economics with Heidi Williams, which gave me a very broad and rich overview of the most important topics within the field and exposed me to open questions and new ideas. While being unaware of most topics was challenging at the beginning, it has forced me to dive deep into the details and in this way I have gained new insights and research ideas. The relevance of the questions and their implications, as well as the openness researchers have in terms of the methodological approaches used to answer them are the main reasons this field is attractive to me.

By attending the boot camp I hope to deepen my knowledge about the field, specially regarding research using structural estimation methods which I have been less exposed to. I would also like to use this opportunity to connect with faculty and fellow graduate students with whom I share similar interests and get advice on how to successfully carry on research in this field.

I am currently working in two research projects. The first one was my third year paper, in which I study the effects of monetary incentives offered to primary care physicians (PCPs) performing medical services in underserved areas. I focus on the Physician Scarcity Area (PSA) bonus paid by Medicare between 2005 and 2008. I test whether this incentive attracted more physicians to these areas, how it affected the number of patients served, and whether it changed the quantity of care provided by physicians. This is a pressing question as the shortage of PCPs is expected to keep increasing in the future. Using Medicare claims data between 2007 and 2010, and a differences-in-differences strategy comparing PSA counties with non-PSA counties before and after the elimination of the bonus, I find that the incentive had a weak impact on these outcomes. The results could be explained by lack of information about the bonus and its small relative size. I am currently waiting to get more years of data which will help me better explore pre-trends of outcomes and extend my analysis to other

Medicare incentive programs.

I am also working on a project studying broader effects of restricting the access to prescription opioid pain relievers, using a 2014 change in the DEA schedule regulating Hydrocodone combination products (HCPs), like Vicodin. This policy change shortened the length of the prescription physicians can give to patients, forbade refills and imposed physician visits in order to get a new prescription. Using MEPS Panel 19 data, and a differences-in-differences strategy comparing individuals with and without joint conditions before and after the schedule change, I find that the restriction is associated with a decrease of HCPs prescriptions, some substitution towards stronger opioid pain relievers, like OxyContin, and a decrease in the labor force participation of people with joint conditions.