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EDUCATION

Ph.D. Candidate, Economics, University of Texas at Austin, May 2018 (Expected)

Dissertation Title: *“Dynamic Oligopoly Models of Investment in the Hospital Industry”*

M.A., Economics, New York University, 2012

B.A., Philosophy, University of Chicago, 2004

REFERENCES

Eugenio Miravete (Chair)
Department of Economics
University of Texas at Austin
512-232-1718
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Robert Town
Department of Economics
University of Texas at Austin
512-475-8542
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Stephen Ryan (Chair)
Department of Economics
Washington University in St Louis –
Olin School of Business
314-935-6344
Stephen.p.ryan@wustl.edu

TEACHING AND RESEARCH FIELDS

Fields: Industrial Organization, Health Economics

HONORS, SCHOLARSHIPS, AND FELLOWSHIPS

2015 – 2016 Economics Department Outstanding Teaching Assistant Award
2015 – 2017 Hale Fellowship, UT Austin Economics Department
2012 – 2018 Graduate Fellowship, UT Austin Economics Department

RESEARCH EXPERIENCE AND OTHER EMPLOYMENT

2012-2013 Research Assistant to Michael Geruso

TEACHING EXPERIENCE

2017 (Fall) Ph.D. Industrial Organization (TA) – Robert Town, Eugenio Miravete
2014 – 2017 (Spring) M.A. Industrial Organization Theory (TA) – Eugenio Miravete
2015 (Fall) Undergraduate Health Economics (TA) – Michael Geruso
2014 (Fall) Intermediate Microeconomics (TA) – Gerald Oettinger
2012 – 2013 (Fall, Spring) Current Issues in Business Economics (TA) – Sanford Marble

PROFESSIONAL ACTIVITIES

Referee:

International Journal of Health Care Finance and Economics

Languages

C, C++, English (native), Julia, Matlab, Python, R, Russian, Spanish, Stata

WORKING PAPERS

Dissertation Chapters

“Inefficient Technology Investment: Competition, Mortality and Neonatal Intensive Care” (*Job Market Paper*)

I estimate a dynamic model of hospital investments in neonatal intensive care in Texas. Since the early 1990's, investment in this service has been quite robust. All urban areas have multiple hospitals offering high level technology and nearly all of these operate well below their capacity. It has been documented that the quality of service in neonatal intensive care increases with the number of patients treated. Higher-volume facilities produce lower mortality rates. This is true in particular for the care of very low birth weight infants. The entry of additional intensive care units imposes a negative production externality on existing units by dividing patient volume across more facilities. I estimate a model of patient demand and through the dynamic model recover the hospitals' costs for treating different types of patients. I also estimate a model of volume effects to predict how patient flows affect aggregate mortality. I simulate counterfactual outcomes under several restricted-entry regimes and find that up to 20% of the deaths of very low birth weight infants would be prevented in Texas by restricting entry.

“Volume-Outcome Relationships in Texas Neonatal Intensive Care”

I study the relationship between procedure volume and the quality of outcome in neonatal intensive care units in Texas. An existing literature in health studies documents the positive effects of high patient volumes on the quality of outcomes, but does not attempt to control for the endogeneity of patient referrals. I use instrumental variables techniques to demonstrate a causal effect of volume on the quality of outcome. My estimates suggest there are substantial reductions in mortality risk which can be achieved by moving from lower volume to higher volume facilities.

“Hospital Investment in Neonatal Intensive Care and Aggregate Infant Mortality”

Given the importance of high patient volume in achieving low mortality rates for very low birth weight infants, I study the effects of market concentration and facility entry across markets in the United States. Using two data sources on the universe of all births and all hospitals in the country, I study these effects across markets and time. My results suggest that there are benefits to market concentration in the form of reduced infant mortality, though since the prices charged for this service are unobserved, the welfare effects are unclear.