



EMORY UNIVERSITY

Doctoral Program in Health Services Research and Health Policy

Rollins School of Public Health

Department of Health Policy and Management



Overview

Emory University's Doctoral Program in Health Services Research and Health Policy trains researchers in the fields of health policy, health economics, health management, and health services research.

Students take doctoral-level classes in the Department of Economics, the Department of Health Policy and Management, Goizuetta business school, and elsewhere throughout the university. Many students also collaborate with faculty on research.

Following the completion of their coursework, students work on their independent research for their dissertation.

Our graduates have taken research positions in top universities, businesses, government, and non-profits.

Curriculum

- Students in our program take classes in one of two tracks: **Economics** or **Organizations and Management**.
- Students in the **Economics** track take graduate-level classes in the Department of Economics, alongside students pursuing a Ph.D. in economics. The economics track prepares students to apply economic theory to evaluate topics in health and health policy.
- Students in **Organizations and Management** take advanced and doctoral-level courses in Emory's Goizuetta School of Business. The track prepares students to examine questions pertaining to access, quality, cost of health care and health outcomes. Students in this track will learn how theories and concepts from fields such as organizational behavior and technology management can be applied to medicine and health care organizations.
- All students in the program take classes in statistical methods, research design, and health policy seminar. Students have room to take electives, which could be any graduate-level class at Emory or nearby universities (Georgia State, Georgia Tech).

Careers

The program prepares students for a variety of research-focused careers in academia, think tanks, foundations, government agencies, pharmaceutical firms, and consulting. We discourage applications from students who view a PhD as a credential or who want to focus exclusively on administration, management, or advocacy. There are other professional degrees that are better suited to those types of careers.

Our graduates are currently employed at: the American Cancer Society, the Centers for Disease

Research

Our program focuses broadly on a field of research known as “health services research.” According to the Agency for Healthcare Research and Quality (2014), health services researchers study “how social factors, financing systems, organizational structures and processes, health technologies, and personal behaviors affect access to health care, the quality and cost of health care, and ultimately, our health and well-being.” Students who want to get a better idea about the field should view the table of contents of journals like *Medical Care*, *Health Services Research*, the *Journal of Health Economics*, *Health Affairs*, *Health Care Management Review*, and *Medical Care Research and Review*.

All of the faculty involved in our program are active researchers and have many ongoing studies. Students collaborate with faculty on research projects, typically beginning after the first year of the program.

Control and Prevention (6), the U.S. Department of Health and Human Services, Emory University (3), Harvard Medical School (2), IMPAQ International, Johnson & Johnson, MD Anderson, Merck, National Taiwan University, Northern Illinois University, Northwestern University, Regeneron, Taipei Medical University, The Urban Institute, Trilliant Health, University of California at San Francisco, Carnegie Mellon, Washington University (St. Louis), the University of Virginia.

After the second year in the program, students begin work on their dissertations. Dissertations present the students’ independent research on a health policy-related topic. They typically take the form of three publishable papers.

Below are some examples of students’ dissertation research which has been published.

The effect of Medicaid expansion on crime reduction: Evidence from HIFA-waiver expansions. *Journal of Public Economics* 2017. (Heifei Wen, Ph.D. 2015)

Substance use figures prominently in criminal behavior. As such expanding public insurance and improving access to substance use disorder (SUD) treatment can potentially reduce substance use and reduce crime.



We examine the crime-reduction effect of Medicaid expansions through the Health Insurance Flexibility and Accountability (HIFA) waivers. We find that HIFA-waiver expansion led to a sizeable reduction in the rates of robbery, aggravated assault and larceny theft. We also show that much of the crime-reduction effect likely occurred through increasing SUD treatment rate and reducing substance use prevalence. The implied benefit-cost ratio estimates of increased treatment on reducing crime ranges from 1.8 to 3.2.

Heuristics in the delivery room. *Science* 2021. (Manasvini Singh, Ph.D. 2020)

Clinical decisions made in the delivery setting are often made under high pressure, great uncertainty, and have serious consequences for mother and baby.

Theories of decision-making suggest that individuals in such settings may resort to using “heuristics”, or simplified decision-rules, to aid complex decision-making. This study investigates whether physicians’ delivery-mode decisions (i.e., when to perform a vaginal vs. a cesarean) are influenced by such a heuristic. Electronic health record data spanning 86,000 deliveries suggests that, if the prior patient had complications in one delivery-mode, the physician will be more likely to switch to the other -- and likely inappropriate -- delivery-mode on the subsequent patient, regardless of patient indication. There is evidence that this heuristic has small, suboptimal effects on patient health

Patterns of use and survival outcomes of positron emission tomography for initial staging in elderly follicular lymphoma patients. *Leukemia & Lymphoma* 2017 (Ashish Rai, Ph.D. 2015)

The role of positron emission tomography (PET) in the initial assessment of follicular lymphoma (FL) has been a topic of debate. We examined the patterns of utilization of PET-staging in FL and assessed the association of PET with survival. Using the SEER-Medicare database, we identified 5,712 patients diagnosed with first primary FL between 2000 and 2009. Older age, African American race, poor performance status, B-symptoms, and history of anemia were negatively associated with PET-staging. Receipt of PET-staging was positively associated with treatment at institutions affiliated with research networks and with residence in areas with higher concentrations of nuclear medicine specialists. PET was associated with improved lymphoma-related [HR 0.69, 95% CI 0.58-0.82] and overall [HR 0.75, 95% CI 0.68-0.83] survival. Our findings substantiate the use of PET as the standard-of-care for imaging in FL patients. Further investigation is warranted to identify mechanisms underlying the apparent survival advantage associated with PET-

the apparent survival advantage associated with PET-staging in FL.

Are two heads better than one or do too many cooks spoil the broth? The tradeoff between physician division of labor and patient continuity of care for older adults with complex chronic conditions. *Health Services Research* 2016. (Kenton Johnston, Ph.D. 2015).

Objective: To examine the effects of physician division of labor and patient continuity of care (COC) on the care quality and outcomes of older adults with complex chronic conditions. Data sources/study setting: Seven years (2006-2012) of panel data from the Medicare Current Beneficiary Survey (MCBS). Study design: Regression models were used to estimate the effect of the specialty-type of physicians involved in annual patient evaluation and management, as well as patient COC, on simultaneous care processes and following year outcomes. Data collection/extraction methods: Multiyear cohorts of Medicare beneficiaries with diabetes and/or heart failure were retrospectively identified to create a panel of 15,389 person-year observations. Principal findings: Involvement of both primary care physicians and disease-relevant specialists is associated with better compliance with process-of-care guidelines, but patients seeing disease-relevant specialists also receive more repeat cardiac imaging ($p < .05$). Patient COC is associated with less repeat cardiac imaging and compliance with some recommended care processes ($p < .05$), but the effects are small. Receiving care from a disease-relevant specialist is associated with lower rates of following year functional impairment, institutionalization in

long-term care, and ambulatory care sensitive hospitalization ($p < .05$). Conclusions: Annual involvement of disease-relevant specialists in the care of beneficiaries with complex chronic conditions leads to more resource use but has a beneficial effect on outcomes.

Effect of Medicaid disenrollment on health care utilization among adults with mental health Disorders. *Medical Care* 2019 (Xu Ji, Ph.D. 2017).

Background: Medicaid is an important source of insurance coverage for those with mental health (MH) disorders in the United States. Although disruptions in Medicaid coverage are common, little is known about the dynamic relationship between Medicaid disenrollment and MH care utilization. Objective: We estimated changes in all-cause and MH-related health care use post Medicaid disenrollment among a nationwide cohort of adults with MH disorders. Subjects: We identified 8841 persons (197,630 person-months) ages 18-64 with MH disorders and Medicaid coverage from Panels 4 to 19 Medical Expenditure Panel Survey. Methods: Using a quasi-experimental design and propensity weighting, we estimated logit models examining changes in service utilization per-person-per-month. We used a "post" indicator to estimate average differences in service use post disenrollment (vs. those with continuous Medicaid coverage) and a count variable measuring total months since coverage loss to estimate changes over time. Outcome measures: All-cause outpatient visits, MH-related outpatient visits, and acute care visits. Results: Becoming uninsured after Medicaid disenrollment was associated with average reductions of 52% [-14.75 percentage-points, 95% confidence interval (CI): -17.59, -11.91] in the likelihood of receiving any outpatient service, 35% (-2.23 percentage-points, 95% CI: -3.71, -0.75) in the likelihood of receiving any MH-related

outpatient service, and 52% (-2.44 percentage-points; 95% CI: -3.35, -1.52) in the likelihood of receiving any acute service in a month. Health care use declined the most in the month immediately post disenrollment, and declines continued over the next half-year (while uninsured). Conclusions: Insurance loss after disenrollment from Medicaid led to a persistent disruption in the receipt of health care services for beneficiaries with MH disorders.

Admission

We typically receive about 30 to 50 applications per year. We usually accept 3 to 4 students, with the goal of filling a class of 2 to 3 students. While those numbers may sound discouraging, do not rule yourself out. If you think our doctorate program is right for you, we encourage you to apply. Students do not need to have a master's degree or prior classwork in public health or health policy.

When evaluating applicants, we consider the following: grades in prior classes, difficulty of prior classes, prior graduate training, any relevant work experience (not required), application essay, and research interests. We do not require GRE scores but will consider them if they are submitted. Students without much prior quantitative coursework or experience should consider taking the GRE as a way to demonstrate quantitative aptitude. TOEFL scores are not required. Applicants do not need to submit a diversity statement.

We want to help you succeed, and so we prefer to accept students whose research interests match the expertise of our faculty, broadly defined. We do not expect students to have fully formed research ideas when they apply. Use your admissions essay to tell us about what issues in health policy interest you, why

they interest you, and what you hope to do once you graduate. We are looking for your ability to formulate creative questions and, following completion of coursework, engage in research at an advanced level.

For applicants to the economics track, we also consider mathematical ability. Required classes in the economics track of the program assume that students are familiar with matrix algebra and multivariable calculus. Students can and have succeeded in these classes without having taken these subjects previously, but we like to see evidence that students can handle graduate-level economics courses.

You do not need to contact the program or faculty prior to applying. We give equal attention to all applications, regardless of whether applicants know faculty or have had prior contact with them. However, if you have a specific question about the program that is not addressed in this document or would like to get a better sense if the program is a good fit for you, please contact the director, David Howard, at david.howard@emory.edu.



Program faculty

Students have wide leeway to work with faculty at any Emory school or department. Most students work with the faculty on the list below.

Department of Health Policy and Management

Kathleen Adams (Ph.D. Economics, University of Colorado) Risk behavior, maternal and child health, insurance coverage, Medicaid policy.

Sarah Blake (Ph.D. Public Policy, Georgia State/Georgia Institute of Technology) Maternal and child health, reproductive health, implementation science.

Puneet Chehal (Ph.D. Public Policy, Duke) Medicaid and chronic illness in underserved populations.

Janet Cummings (Ph.D. Health Policy, UCLA) Mental health and substance abuse policy.

Benjamin Druss (M.D., New York University) Mental health and substance abuse policy.

Maria Dieci (Ph.D. Health Policy, UC Berkeley) Health economics, global health and development economics.

Ilana Graetz (Ph.D. Health Policy, UC Berkeley) Health information technology, quality improvement.

David Howard (Ph.D. Health Policy, Harvard) Health economics, reimbursement policy, pharmaceutical markets.

Joseph Lipscomb (Ph.D. Economics, University of North Carolina) Health outcomes assessment and improvement.

Victoria Phillips (Ph.D. Economics, Oxford) Health economics, cost-effectiveness analysis.

Adam Wilk (Ph.D. Health Policy, University of Michigan) Access to care and Medicaid, coverage and payment for kidney failure treatment.

Courtney Yarborough (Ph.D. Public Policy, University of Georgia) Substance abuse policy, pharmaceutical markets.

Affiliated faculty in other departments at Emory

Michal Horny (Ph.D. Health Services Research, Boston University) Department of Radiology. Health insurance benefit design, costs of care, price transparency, access to care.

Xu Ji (Ph.D. Health Policy, Emory) Department of Pediatrics. Health care quality, health outcomes, access to health care.

Dio Kavalieratos (Ph.D. Health Policy, University of North Carolina) Department of Family Medicine and Palliative Care. End-of-life care, implementation science.

Sara Markowitz (Ph.D. Economics, CUNY) Department of Economics. Health economics, labor economics, maternal and child health.

Ian McCarthy (Ph.D. Economics, University of Indiana) Department of Economics. Health economics, industrial organization.

Evan Saltzman (Ph.D. Managerial Science and Applied Economics, University of Pennsylvania) Department of Economics. Health economics, industrial organization.

Tuition and stipends

Some students come in with funding for the doctoral program from a government, employer, or foundation. Students who do not have external funding do not have to pay tuition and receive a stipend of about \$33,000 per year for the first two years and health insurance coverage. Years three through five stipends are paid by various sources, as long as the student is in good standing. Exemplary candidates may receive additional fellowships that can increase the stipend by \$2,000 to \$5,000 per year. Students are also encouraged to apply for dissertation funding to support their research in years three through five. In return for the stipend, students are expected to serve as teaching assistants and work on research with faculty.

More information

Please see the link below to fill out an inquiry form for us:

<https://www.applyweb.com/public/inquiry?s=emoryinq>

Other information and websites are listed below about our program:

<https://www.sph.emory.edu/departments/hpm/degree-programs/phd/index.html>

Please visit the Laney Graduate Website for additional admissions and application questions:

<http://www.gs.emory.edu/admissions/index.html>

Our deadline for applications is December 1, 2023

Here is a video tour of campus

<https://www.gs.emory.edu/about/lgs-video/video-lgs-tour.html>

