

SCOTT GOATES

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Education:

PhD., Economics, Washington State University, 2006 to present (Expected Completion May 2010)
Committee: Dr. Robert Rosenman (Chair), Dr. Ron Mittelhammer, Dr. Laura Hill
Dissertation Title: “*Topics in Health Economics: Prevention, Measurement and Fraud*”
Expected Completion Date: May 2010

M.S., Statistics, Washington State University, 2008 to present (Expected Completion April 2010)
Emphasis: Discrete Choice Models, Biostatistics and Epidemiology
Expected Completion Date: April 2010

B.S., Economics/Philosophy, Brigham Young University, 2006

Research and Teaching Fields:

Fields: Econometrics, Industrial Organization, Health Economics

Teaching Experience:

Summer, 2008	International Trade and Finance, Brigham Young University, Instructor <ul style="list-style-type: none">• Developed and delivered all course lectures• Designed course evaluation tools• Assigned grades• Teaching evaluations available upon request
Winter, 2006	Monetary Theory and Policy, Brigham Young University, Teaching Assistant for Brett McKay
Fall, 2005	Intermediate Macroeconomics, Brigham Young University, Teaching Assistant for Kerk Phillips
Fall/Winter, 2004	Intermediate Macroeconomics, Brigham Young University, Teaching Assistant for Mark Jensen

Research Experience and Other Employment:

Aug. 2006-Present	Washington State University, Research Assistant for Dr. Robert Rosenman <ul style="list-style-type: none">• Instrumental in developing modeling framework used by Drs. Rosenman and Hill in NIH grant “<i>Development of Econometric Models for Improved Estimation of Prevention Programs</i>”
Sept. 2005-Present	Crossroads Research Institute, Research Associate <ul style="list-style-type: none">• Wrote white papers for a lay audience on a variety of economic issues including healthcare, education, demographics, growth and development and labor.• Contributed to “<i>The Age of Declining Turbulence</i>” by Robert Thompson (Forthcoming)

Grants:

Spring 2009	WSU Graduate School Travel Grant
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Invited Reviewer:

Summer 2009

*Developmental Psychology***Publications:**

Hill, L., Goates, S. & Rosenman, R. 2010. "Selection Bias in Community Disseminations of Universal Family-Based Prevention Programs." *American Journal of Public Health, (Forthcoming April 2010)*

Goates, S., & Mackay, B. 2007. "Health Insurance, National." World Book Encyclopedia, World Book

Presentations:

Rosenman, R., Goates, S. & Hill, L. 2009. "Participation in Universal Prevention Programs." *Under Review*

Goates, S. 2009. "Participation in Universal Prevention Programs: A Prospect Theory Approach", *Eastern Economic Association Annual Conference, New York, NY.*

Goates, S. 2008. "Self Selection in a Community-Based Universal Prevention Program", *16th Society for Prevention Research Annual Meeting, San Francisco, CA.*

Research Papers in Progress:

"Unintended Consequences: Medicare's Upcoding Effect on Non-Enrollees" (Job Market Paper)

A great deal of research has been conducted examining the impact of Medicare's Prospective Payment System (PPS) on hospitals and Medicare enrollees. This work, however, has failed to address the impact of Medicare's PPS on non-Medicare patients that compete with Medicare patients for health resources. I develop a simple model of hospital diagnosing behavior when the hospital is faced with two groups of patients (traditional insurance and PPS) and two types of disease (higher reimbursing and lower reimbursing). The model suggests that if physicians are unable to discriminate between patients on the basis of insurer type, and diagnostic procedures are established at the hospital level, then hospitals with higher proportions of Medicare patients are more likely to diagnose *all* patients into higher reimbursing diagnostic categories.

This model is then applied to data from California hospital admissions between 1999 and 2005. I find that hospitals that treat a higher proportion of Medicare patients are more likely to diagnose Medicare patients *and* non-Medicare patients as having more severe illness.

"Six Models For the Economic Evaluation of Prevention Programs"

The growth and dissemination of prevention programs often occurs in a disorganized fashion. This is partially due to disparate sources of funding available to prevention programs, and the existence of several programs that address the same issues, albeit in different ways. This paper attempts to establish population and disorder dependent decision making rules for selecting program types which will provide maximal social welfare.

The generalized model considers the target population type (general, high risk or indicated) as well as the participation decision of potential participants, including the possibility of coerced participation. Three distinct costs are also incorporated in to the model: treatment cost, testing costs and coercion costs. Analysis of the various models suggests that voluntary participation is superior to coerced participation when an individual's probability of participation is strongly correlated with their expected net benefit of participation, and the cost of coercion is high. I also find that programs which treat only high risk individuals are always preferred to universal programs if the informational cost of observing risk status is negligible.

Citizenship: American, Canadian

Languages: English (native), French (fluent)

Software: Gauss, SAS, Stata

References:

Dr. Robert Rosenman (Advisor)
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