



Health(care) Economics

Rotary Club of The Villages May 6th, 2021

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National Economic Education Delegation



Vision

- One day, the public discussion of policy issues will be grounded in an accurate perception of the underlying economic principles and data.

Mission

 NEED unites the skills and knowledge of a vast network of professional economists to promote understanding of the economics of policy issues in the United States.

NEED Presentations

- Are **nonpartisan** and intended to reflect the consensus of the economics profession.



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Who Are We?

Honorary Board: 49 members

- 2 Fed Chairs: Janet Yellen, Ben Bernanke
- 6 Chairs Council of Economic Advisers
 - o Furman (D), Rosen (R), Bernanke (R), Yellen (D), Tyson (D), Goolsbee (D)
- 3 Nobel Prize Winners
 - o Akerlof, Smith, Maskin

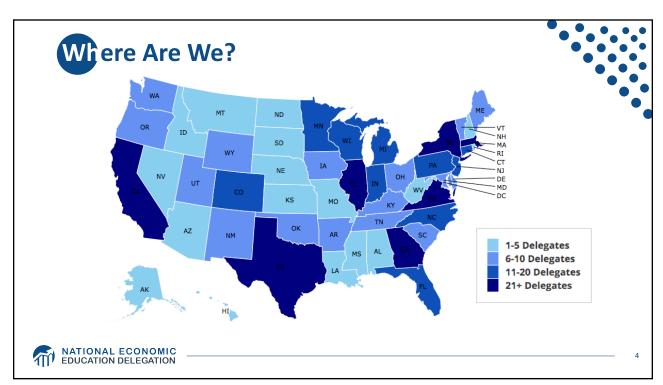
• Delegates: 500+ members

- At all levels of academia and some in government service
- All have a Ph.D. in economics
- Crowdsource slide decks
- Give presentations

Global Partners: 45 Ph.D. Economists

- Aid in slide deck development





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Credits and Disclaimer



This slide deck was authored by:

- Veronika Dolar, SUNY Old Westbury

Disclaimer

- NEED presentations are designed to be nonpartisan.
- It is, however, inevitable that the presenter will be asked for and will provide their own views.
- Such views are those of the presenter and not necessarily those of the National Economic Education Delegation (NEED).



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- What is Health(care) Economics?
- Taking the Pulse of the Health Economy
- Health Care Systems and Institutions
- Health Insurance and Reform
- Pharmaceuticals Big Pharma



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Health Economics is part of Microeconomics



- Although health economics is part of "micro-" economics, it is actually very big:
- In 2019, U.S. national health expenditure was 17.8% of GDP, which is equivalent to around \$3,427 billions.
- For comparison, the entire GDP of Germany in 2019 was \$3,845 billions (4th largest economy), GDP of UK was \$2,827 billions (6th largest economy), and \$2,715 billions in France (7th largest economy).



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What is Health Economics?



- Health economics studies health care resources markets and health insurance.
- Healthcare is the biggest industry and the largest employer in the US.



Markets studied in health economics



Markets for:

- Physicians
- Nurses
- Hospital facilities
- Nursing homes
- Pharmaceuticals
- Medical supplies (such as diagnostic and therapeutic equipment)
- Health Insurance



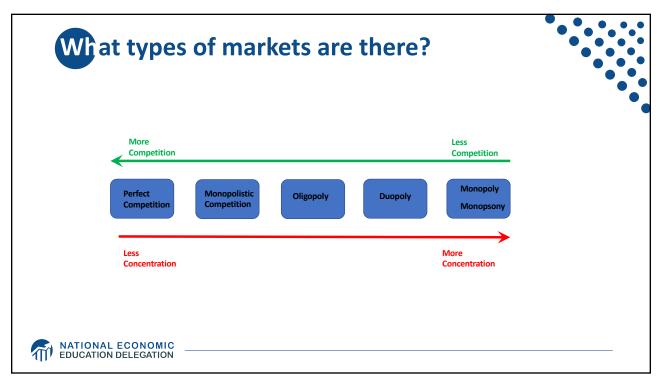
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Market Economies



- In market economies, prices adjust to balance supply and demand.
- These equilibrium prices are the signals that guide economic decisions and thereby allocate scarce resources.
- The invisible hand works through the price system:
 - The interaction of buyers and sellers determines prices.
 - Each price reflects the good's value to buyers and the cost of producing the good.
 - Prices guide self-interested households and firms to make decisions that, in many cases, maximize society's economic well-being.







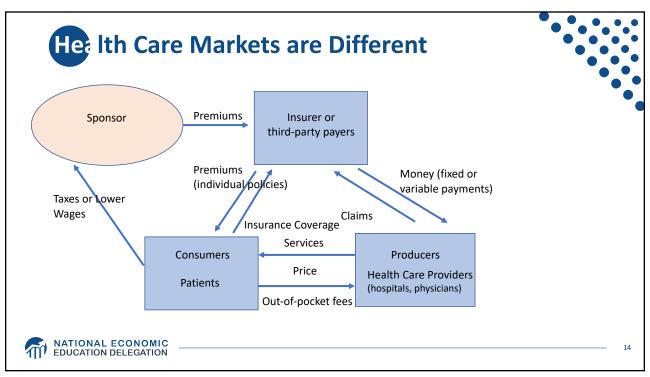
Hospital Monopolization: Florida

- South Florida hospitals recorded combined profits of nearly \$1.3 billion in 2018 and have posted combined profits above \$1 billion for four of the past five years.
- HCA hospitals were the most profitable, with a net income of \$363.6 million.
- Baptist Health, a nonprofit and the largest system in the Miami area, had a net income of \$142.8 million and Memorial Healthcare System in Broward County, a nonprofit hospital network, had a net income of \$158.6 million.



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Is there something special about Health Care Markets?

- Market Structure
- Type of products and services
- Principal-Agent Problem
- Asymmetric Information
- Moral Hazard



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Pulse of the Health Economy



- Health economy involves activities related to population health:
 - Production and consumption of goods and services
 - Distribution of those goods to consumers
- Performance indicators of medical care
 - Costs
 - Quality
 - Access







Tradeoffs take place among the three legs:

- By increasing quality health care this leads to higher health care costs, which means that some individuals might not be able to afford it and the access may be more limited.
- By increasing access, the costs and/or quality may suffer.
- By decreasing costs, access and/or quality may suffer.

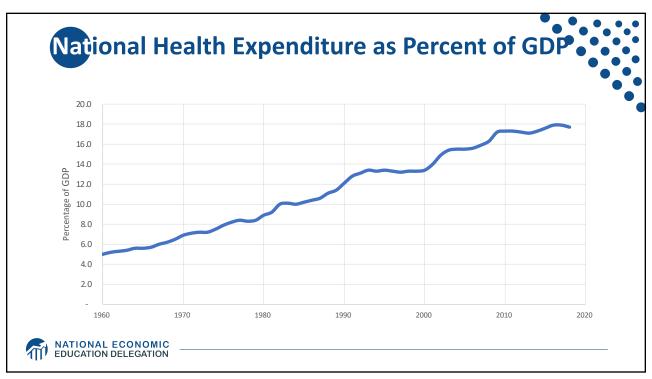


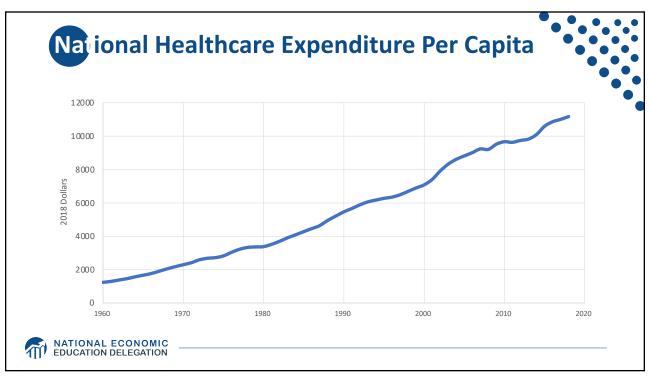
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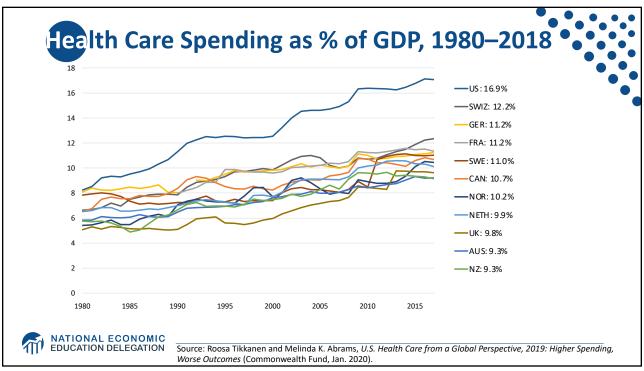


Costs









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Monopolization of Health Insurance Market



- As of 2011, there were close to 100 insurers in Switzerland competing for consumer health care
 dollars, forcing firms to compete by setting prices to just cover costs.
- In the United States, markets are state specific and consumers may choose from plans available in the state in which they reside.
- In 2014, of the 50 states and the District of Columbia, 11 had only 1 or 2 insurers, 21 had 3 or 4, and only 19 states had 5 or more.
- As of July 2019, the number of states with only 1 or 2 insurers had increased from 11 to 20, indicating a growing divide between ACA exchanges and competitive markets.







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