

UNIVERSITÀ DEGLI STUDI DI MILANO

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Rossella Verzulli
CURRICULUM VITAE

INFORMAZIONI PERSONALI (NON INSERIRE INDIRIZZO PRIVATO E TELEFONO FISSO O CELLULARE)

COGNOME	VERZULLI
NOME	ROSSELLA
DATA DI NASCITA	26/08/1980

Rossella Verzulli

Department of Economics, University of Bologna
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PERSONAL

Born August 26, 1980 in Chieti, Italy. Married, 2 children (Matteo 2016, Camilla 2019).

APPOINTMENTS

Feb 2014 - Present

Fixed-term researcher (art. 24 paragraph 3 letter a) of Italian Law no. 240/2010) in Public Finance (13/A3 – SECS P/03 “Scienza delle Finanze”), Department of Economics, University of Bologna.

Feb 2012 – Jan 2014

Post-doc researcher, Public Finance and Health Economics, Advanced School for Health Policy (Scuola Superiore di Politiche per la Salute), University of Bologna.

Jan 2009 – March 2012

Research Fellow, Centre for Health Economics (CHE), University of York.

NATIONAL SCIENTIFIC QUALIFICATIONS

Italian National Scientific Qualification as Associate Professor in the following fields:

13/A3 – SECS P/03 (Public Finance – Scienza delle Finanze) from July, 2018;

13/A2 – SECS P/02 (Economic Policy – Politica Economica) from August, 2018.

EDUCATION

Oct 2005 – Feb 2010

Ph.D., Department of Economics, Management and Quantitative Methods, University of Milan. Dissertation title: “*Waiting times for health care: Theory and evidence*”. Advisor: Prof. Massimo Florio.

Oct 2006 - June 2007

Visiting Ph.D. student, Department of Economics and Related Studies, University of York. Advisor: Prof. Luigi Siciliani.

Oct 1999 - Feb 2005

BA in Economics, Statistics and Social Sciences (4-year Degree), Bocconi University. Advisor: Prof. Roberto Artoni. Co-advisor: Prof. Conchita D'Ambrosio.

FIELDS OF INTERESTS

Health Economics, Applied Microeconomics, Public Economics.

TEACHING EXPERIENCE

A.Y. 2013/2014

Lecturer for the course “Regulation in healthcare markets”. Laurea Magistrale in Health Economics and Management, University of Bologna.

Lecturer for the course “Competition in healthcare markets”. Laurea Magistrale in Health Economics and Management, University of Bologna.

Tutor for the course “Economia della Regolamentazione”. Laurea Magistrale in Economia e politica economica, University of Bologna.

A.Y. 2012/2013

Lecturer for the course “Regulation in healthcare markets”. Laurea Magistrale in Health Economics and Management, University of Bologna.

Tutor for the course “Economia della Regolamentazione”. Laurea Magistrale in Economia e politica economica, University of Bologna.

A.Y. 2011/2012

Tutorship for the workshop “Analysing patient data using Hospital Episode Statistics (HES)”. Centre for Health Economics (CHE), University of York.

Tutor for the workshop “An introduction to handling Hospital Episode Statistics (with SPSS)”. Centre for Health Economics (CHE), University of York.

SCHOLARSHIPS

Jan 2006 – Dec 2008

Ph.D. Scholarship, University of Milan.

REFEREED PUBLICATIONS

Quality in nursing homes (with M. Lippi Bruni and I. Mammi), In *Oxford Research Encyclopedia of Economics and Finance*, Oxford University Press, 2019. DOI: 10.1093/acrefore/9780190625979.013.82.

How do hospital-specialty characteristics influence health system responsiveness? An empirical evaluation of in-patient care in the Italian region of Emilia-Romagna (with G. Fiorentini and S. Robone), *Health Economics*, 2018, 27(2): 266-281. DOI: 10.1002/hec.3540.

Autonomy and performance in the public sector: The experience of English NHS hospitals (with Maria Goddard and Rowena Jacobs), *The European Journal of Health Economics*, 2018, 19(4): 607-626. DOI: 10.1007/s10198-017-0906-6.

Price changes in regulated healthcare markets: Do public hospitals respond and how? (with G. Fiorentini, M. Lippi Bruni and C. Ugolini), *Health Economics*, 2017, 26(11): 1429-1446. DOI: 10.1002/hec.3435.

Examining variations in hospital productivity in the English NHS (with A. Castelli, A. Street and P. Ward), *The European Journal of Health Economics*, 2015, 16: 243-254. DOI: 10.1007/s10198-014-0569-5.

Investigating the governance of autonomous public hospitals in England: multi-site case study of NHS Foundation Trusts (with P. Allen, J. Wright, J. Keen, P. Dempster, A. Hutchings, J. Townsend and A. Street), *Journal of Health Services Research & Policy*, 2012, 17(2): 94-100. DOI: 10.1258/jhsrp.2011.011046.

Navigating uncharted waters? How international experience can inform the funding of mental health care in England (with A. Mason, M. Goddard and M. Myers), *Journal of Mental Health*, 2011, 20(3): 234-248. DOI: 10.3109/09638237.2011.562261.

Private sector treatment centres are treating less complex patients than the NHS (with A. Mason and A. Street), *Journal of the Royal Society of Medicine*, 2010, 103: 322-331. DOI: 10.1258/jrsm.2010.100044.

Waiting times and socioeconomic status among elderly Europeans: Evidence from SHARE (with L. Siciliani), *Health Economics*, 2009, 18(11): 1295-1306. DOI: 10.1002/hec.1429.

POLICY REPORTS AND BRIEFS

“Investigating the governance of NHS Foundation Trusts”, National Institute for Health Research (NIHR), 2011 (with P. Allen, J. Wright, J. Keen, P. Dempster, A. Hutchings, J.

Townsend and A. Street). Grant number: 08/1618/157. Available online: <http://researchonline.lshtm.ac.uk/id/eprint/20867>

“Commissioning and system reform: New research results”, Centre for Health Economics (CHE) of the University of York, 2009 (with M. Dusheiko, M. Goddard, H. Gravelle): Available online:

<https://www.york.ac.uk/media/che/documents/policybriefing/CommissioningPolicyBriefingfinal.pdf>

WORKING PAPERS and WORKS IN PROGRESS

Disentangling the effect of waiting times on hospital choice: Evidence from a panel data analysis (with M. Lippi Bruni and C. Ugolini). *Quaderni – Working Paper DSE*, 2018, p. 1-39, Department of Economics, University of Bologna, ISSN: 2282-6483.

This study examines the effect of waiting times on hospital choice by using patient-level data on elective Percutaneous Transluminal Coronary Angioplasty (PTCA) procedures in the Italian NHS over the years 2008-2011. We perform a multinomial logit analysis including conditional logit and mixed logit specifications. Our findings show the importance of jointly controlling for time-invariant and time varying dimensions of hospital quality in order to disentangle the effect of waiting times on hospital choice. We provide evidence that patients are responsive to changes in waiting times and aspects of clinical quality within hospitals over time, and estimate the trade-off that patients make between different hospital attributes. The results convey important policy implications for highly regulated health care markets.

Do managerial incentives matter? The effect of hip fracture surgery delays and outcomes (with M. Lippi Bruni).

In most OECD countries, pre-surgery waiting time has become a process indicator of the quality of care for hip fracture patients, and international clinical guidelines recommend hip fracture surgery to be provided within two days of hospitalisation. To help achieve this target, in year 2011 the Italy's Emilia-Romagna region implemented a policy under which hospital performance was monitored and evaluated, allowing the chief executives of Local Health Authorities and hospital Trusts to receive additional rewards if they managed to achieve increases in the proportion of hip fracture patients operated on within two days after hospital admission. In this paper, we empirically test the effect of the policy on shortening waiting times for hip fracture surgery by using a difference-in-differences analysis on patient-level data between 2007 and 2016. We find that the introduction of managerial incentives had the effect to reduce hip fracture surgery delays. The effect is statistically significant from year 2012 onwards, and cumulates over time. Moreover, we find that the policy did not just affect the cases near the incentive threshold of two days, but also induced a shift in the overall distribution of waiting times. Finally, our findings suggest no significant effects in terms of post-operative length of stay. The results may provide useful insights to develop targeted policy interventions in similarly regulated health care settings.

The impact of alternative rehabilitation settings on health outcomes for hip fracture patients: Evidence from a propensity score analysis (with A.C. Leucci).

Osteoporotic fractures represent one of the major health problems in developed countries. In the recent years, an increasing number of studies have addressed the issue of how hip

fracture patients should be treated in order to improve health outcomes. The objective of this paper is to study the influence of alternative rehabilitation settings on adverse health outcomes for patients following a hip fracture. Using administrative data on elective patients discharged from publicly financed providers in the Italy's Emilia-Romagna region between 2014 and 2017, we analyze adverse health outcomes as measured in terms of mortality rates within 30 days of acute care discharge. The treatment groups considered in the analysis consist of patients assigned to the alternative discharge strategies, including in-hospital rehabilitation care, ambulatory care, home care, and care provided by community hospitals or other long-term care facilities. Due to the effect of some patients' characteristics on their discharge destination, we use propensity score matching methods to reduce the potential bias in estimating the impact of different rehabilitation settings on adverse health outcomes. We find that alternative forms of post-acute rehabilitative care significantly affect patients' health outcomes. The results provide some evidence that improvements in health outcomes for patients with hip fracture can to some extent be achieved by altering the destination of discharge.

The impact of pro-market reforms on commissioner behavior in the English NHS (with M. Dusheiko, M. Goddard and H. Gravelle).

This paper focuses on the effect of the introduction of prospective payments, intended in part to change purchaser behaviour, on trends in the concentration of commissioners' elective admissions in the English National Health Service (NHS). We find little or no evidence of significant changes in commissioning patterns in the first and partial stage of policy implementation. However, as the prospective payment was extended to all elective admissions, we find a lower concentration of purchasers' elective admissions across providers and an increase in switching of referrals amongst providers. Our findings provide important implications for the organization of commissioning not only in the English context, but also in other countries with similar payment systems.

FUNDED RESEARCH PROJECTS

August 2016 – present

Participation in the research project:

“Economic evaluation of clinical pathways and prescribing appropriateness”, a joint collaboration with the University of Bologna (Department of Economics and Scuola Superiore di Politiche per la Salute) and the Regional Healthcare Agency of Emilia-Romagna (role: Investigator).

Feb 2012 – Jan 2014

Participation in the research project:

“The revision of payment mechanisms for hospital care”, a joint collaboration with the University of Bologna (Department of Economics and Scuola Superiore di Politiche per la Salute) and the Regional Healthcare Agency of Emilia-Romagna (role: Investigator).

Jan 2009 – March 2012

Participation in the following research projects at the Centre for Health Economics (CHE) of the University of York:

“Commissioning and system reform”

funded by the English Department of Health and Social Care (role: Investigator);

“Evaluating hospital reform: does decentralisation improve performance?”

funded by the Nuffield Foundation (Small Grants Scheme) and the University of York’s Research Priming Fund (role: Investigator);

“Paying for mental health care: what are the problems, what are the solutions?”

funded by the Department of Health and Social Care in England as part of a programme of policy research (role: Investigator);

“Variation in English hospital productivity: Do we know what the main drivers are?”

funded by the Policy Research Programme in the English Department of Health and Social Care (role: Investigator);

“Within HRG case-mix differences between NHS and independent sector providers”,

funded by the Department of Health and Social Care in England as part of a programme of policy research (role: Investigator).

OTHER ACADEMIC ACTIVITIES

Invited discussant at the DREAMT & AEM PhD Workshop, Pavia University, 11-12th June 2018. PhD in Applied Economics and Management, Joint program University of Bergamo and University of Pavia; PhD Candidate Daniele Spinelli (“Patient choice and the reference hospital: Evidence from Lombardy”).

Analysis on the differences in medical teaching and research outputs amongst teaching hospitals and the implications for the design of hospital financing policies, provided to the Health Department of Emilia-Romagna, June 2012 – December 2012.

Analysis on the costs related to the treatment of specialist intensive care and the implications for funding intensive care services, provided to the Health Department of Emilia-Romagna, June 2012 – December 2012.

ORGANISATION AND ADMINISTRATION

Member of the selection committee for a research fellowship (“Assegno di Ricerca”), University of Bologna, 2019.

Member of the selection committee for a research fellowship (“Assegno di Ricerca”), University of Bologna, 2018.

Member of the organization committee, 21st Annual Conference, Italian Health Economics Association (AIES), University of Bologna, 3-4 November 2016.

REFEREE EXPERIENCE

Referee for: *BMC Health Services Research*, *Economics Bulletin*, *Health Economics*, *Journal of Health Economics*, *International Journal of Health Economics and Management*, *The Economic Record*, *The European Journal of Health Economics*.

ACADEMIC MEMBERSHIPS

AIES Italian Association of Health Economics.
iHEA International Health Economics Association.
HESG Health Economists' Study Group.

LANGUAGES & COMPUTATIONAL SKILLS

Languages: Native in Italian and fluent in English.
Computational skills: STATA, SPSS, SAS, Mappoint, MS Office.

CONFERENCES AND WORKSHOPS

University of Naples, 2018, AIES Annual Conference.
University of Pavia, 2017, AIES Annual Conference.
University of Bologna, 2016, AIES Annual Conference.
Bocconi University, 2015, iHEA World Congress.
Trinity College Dublin, 2014, joint iHEA World Congress and European Conference on Health Economics (ECHE).
University of Venice, 2014, AIES Annual Conference.
University of Naples, 2011, AIES Annual Conference.
University of York, 2011, HESG meeting.
University College Cork, 2010, HESG meeting.
University of Milan, 2010, 9th Milan European Economy Workshop.
University of Bergamo, 2009, AIES Annual Conference.
University of Sheffield, 2009, HESG meeting.
Università degli Studi di Roma "Tor Vergata", 2008, 7th ECHE Conference.

Data

Bologna

Luogo

22/07/2019