

Anastasiia Evdokimova

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Fields Research: Industrial Organizations; Health Economics
Teaching: Industrial Organizations; Health Economics; Applied Microeconomics

Education Ph.D., Economics, Northwestern University, 2025 (Anticipated)
Dissertation: Information Asymmetry in the Healthcare markets
Committee: David Dranove (Chair), Gastón Illanes, Molly Schnell
BS.c., Economics; Cum Laude, Lomonosov Moscow State University, 2019

Fellowships & Awards Dissertation University Fellowship, Northwestern University, 2024-2025
University Fellowship, Northwestern University, 2019-2024

Grants Center for the Study of Industrial Organization (Northwestern)

Teaching Experience NU 349 Industrial Economics, NU 309 Public Finance, NU 339 Labor Economics, NU 310
Microeconomics, NU 342 Economics of Gender

Research Experience Research Assistant, David Dranove, Northwestern University's Kellogg School of Management, 2021/23
Research Assistant, Amanda Starc, Northwestern University's Kellogg School of Management, 2021
Research Assistant, Dmitry Arhangelsky, CEMFI, 2018-2019

Conferences 2024 European Winter Meeting
2023 The 12th Annual Conference of the ASHEcon (presenter)
2022 The 11th Annual Conference of the ASHEcon (poster session)
2022 NBER tutorial on the Economics of Digitization for economics graduate students
2021 Mentoring Workshop for Women & Non-Binary PhD Students in Health Economics & Health Policy
with support from AEA-CSWEP and ASHEcon

Job Market Paper "Over-the-Counter Drugs Market: Information Distortion In Label Design"
This paper integrates survey data, a randomized controlled trial (RCT), and structural analysis to investigate how misconceptions about drug efficacy influence consumer decisions in the over-the-counter market and how clearer information can improve consumer welfare. A key challenge is that beliefs about efficacy are unobservable, which complicates the assessment of consumers' initial perceptions and responses to new information. To address this, I gathered pairwise product comparisons from a control group and three treatment arms to develop product-level measures of efficacy beliefs. The first two treatments modify product labels to indicate whether drugs share the same active components or offer equivalent efficacy, while the third provides consumers with a brochure outlining both aspects before making purchase decisions. To document consumer choice responses to each information treatment, I first estimate a structural demand model that separately

identifies the weight consumers place on beliefs about efficacy, while accounting for heterogeneous preferences. I then incorporate the revised beliefs to document demand responses to the information treatments. The results show that all treatments reduce information distortions and enhance welfare by increasing substitution between biologically equivalent and differently composed drugs. The most effective treatment, emphasizing equivalent efficacy, increases substitution elasticity by 22%, saves the average consumer \$1.09 (\$6.5 million annually across the 50 largest markets), and generates a welfare gain of \$1.20 per consumer. However, this approach also leads to second-degree price discrimination based on the symptom label preferences, highlighting the need for careful policy.

Other papers

“Does the Internet Improve Health Behavior? Costly Information Acquisition Under Heterogeneity in Risk Perception”

Health information cannot be neutral. Some individuals focus on worst-case scenarios, while others seek excuses to avoid doctors. The diverse online health information (OHI) caters to both. This paper modifies the information acquisition model to explain this behavior and its impact on healthcare utilization. It introduces a rational inattention model showing that concerns about missing illness signs drive up information acquisition costs, making information sources act as thought accelerators. Empirical analysis confirms that OHI generally increases healthcare use, especially among those worried about missing illness signs. The minimal difference in healthcare use between groups suggests overconfidence, rather than informed concern, drives higher utilization. These results highlight the need to manage OHI-induced overconfidence and improve physician-patient interactions.

“Innovation Acquisition and Conflict of Interest in the VI Healthcare Systems”, with Zakaria El Amrani El Idriss

This study investigates market failures resulting from physician-hospital integration, specifically the suboptimal use of costly new technologies due to financial conflicts of interest. According to classic theory, vertically integrated systems (hospital + physician practices) can gain competitive advantages through management or technology, fostering innovation. However, common management policies may create conflicts of interest, reducing the use of innovative, expensive procedures. We focus on Medicare’s reimbursement system, hypothesizing that unequal policies lead to hospitals becoming dominant decision-makers due to their negotiating power. Using the case of Transcatheter Aortic Valve Replacement (TAVR), where Medicare initially reimbursed hospitals later than physicians, we test this hypothesis both theoretically and empirically.

“Promotional Activity as Tool of Information Distortion”

Pricing schemes under consumer inattention. It investigates why companies use joint promotions under a Low-High price scheme to influence consumer perceptions of the products and examines how changes in the information structure affect this strategy.

Languages

English (fluent), Russian (native), Italian (intermediary)

References

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