

YI CHENG

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PLACEMENT COMMITTEE

Placement Chairs: Donald Davis, drd28@columbia.edu, Martin Uribe, mu2166@columbia.edu
Placement Assistant: Amy Devine, (212) 854-6881, aed2152@columbia.edu

EDUCATION

Columbia University, Graduate School of Arts and Sciences

Ph.D. in Economics	(expected) May 2020
M.Phil. in Economics	May 2017
M.A. in Economics	May 2016

National University of Singapore, Faculty of Science

B.S. First Class Honors in Quantitative Finance and Economics (double majors)	Jun 2014
Minor: Statistics	

Swiss Federal Institute of Technology (ETH) Zurich, Department of Mathematics

Exchange Student	Sep 2012 – Jan 2013
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FIELDS OF SPECIALIZATION

Primary Fields: Health Economics, Labor Economics

Secondary Fields: Public Economics, Industrial Organization

FELLOWSHIPS AND AWARDS

David C.F. Hsiung '34 M.A. and Vivian S.Y.W. Hsiung Fellowship in Economics, Columbia University, 2017 – 2018

Applied Micro Research Methods Colloquium Grant, Columbia University, 2017

Dean's Fellowship, Department of Economics, Columbia University, 2014 onwards

Best Academic Exercise in the Discipline, National University of Singapore, 2014

WORKING PAPERS

“The Unexpected Costs of Expertise: Evidence from Highly Specialized Physicians”

(Job Market Paper)

Abstract: High U.S. spending on health care is commonly attributed to its intensity of specialized, high-tech medical care. A growing body of research focuses on physicians whose medical

decisions shape treatment intensity, costs, and patient outcomes. Often overlooked in this research is the assignment of physician skills to patient conditions, which may strongly affect health outcomes and productivity. This matching may be especially important in the case of hospital admissions as high-frequency fluctuations in patient flow make it challenging to maintain effective matches between the best-suited physicians and their patients. This paper focuses on hospitals' responses to demand shocks induced by unscheduled high-risk admissions. I show that these demand shocks result in physician–patient mismatches when hospitals are congested. Specifically, highly specialized physicians who are brought in to treat unscheduled high-risk admissions also treat previously admitted lower-risk patients. This leads to increased treatment intensity for lower-risk patients, which I attribute to persistence in physician practice style. Despite the greater treatment intensity, I find no detectable improvement in health outcomes, which *prima facie* could be viewed as waste. However, the mismatches observed only at high congestion levels more likely reflect hospitals' careful assessment of costs and benefits when assigning physicians to patients – maintaining preferred physician–patient matching can be particularly costly when congestion is high. My findings highlight the need to consider both heterogeneity within patient and physician type, and furthermore show how the common phenomenon of demand uncertainty can promote mismatch between these types.

“Perinatal Health among 1 Million Chinese-Americans” [*submitted*] with Douglas Almond
(*will be presented at 2020 ASSA “Social Determinants of Health Disparities” Paper Session*)

Abstract: The literature on “missing girls” suggests a net preference for sons both in China and among Chinese immigrants to the West. Perhaps surprisingly, we find that newborn Chinese-American girls are treated *more* intensively in U.S. hospitals: they are kept longer following delivery, have more medical procedures performed, and have more hospital charges than predicted (by the non-Chinese gender difference). What might explain more aggressive medical treatment? We posit that hospitals are responding to worse health at birth of Chinese-American girls. We document higher rates of low birth weight, congenital anomalies, maternal hypertension, and lower APGAR scores among Chinese-Americans girls – outcomes recorded prior to intensive neonatal medical care and relative to the non-Chinese gender gap. To the best of our knowledge, we are the first to find that son preference may also compromise “survivor” health at birth. On net, compromised newborn health seems to outweigh the benefit of more aggressive neonatal hospital care for girls. Relative to non-Chinese gender differences, death on the first day of life and in the post-neonatal period is more common among Chinese-American girls, i.e. later than sex selection is typically believed to occur.

RESEARCH IN PROGRESS

“Working While Female: Motherhood in US Census LEHD Microdata” with Douglas Almond and Cecilia Machado (*Working paper coming soon*)

“Inconsistency in Hospital Facility Reporting: Evidence from NICU Beds”

PRESENTATIONS

Applied Micro and Labor Workshop, Columbia University	2019
NBER's Education Program and Children's Program Joint Meetings	2017
Sustainable Development Colloquium, Columbia University	2017
Applied Micro Research Methods Colloquium, Columbia University	2016 – 2019

PROFESSIONAL ACTIVITIES

U.S. Census Research Assistant, Special Sworn Status	2018 – Present
Referee, <i>Economic Inquiry</i>	2017
Participant, NBER Summer Institute	2017
Student Organizer, Applied Micro Research Methods Colloquium	2016 – 2019

RESEARCH ASSISTANTSHIPS

Paola Valenti, Columbia University	May 2018 – Jan 2019
Douglas Almond, Columbia University	Mar 2016 – Mar 2019

TEACHING ASSISTANTSHIPS

Financial Economics, Harrison Hong	Spring 2019
Financial Economics, Jose Cao-Alvira	Spring 2018
Financial Economics, Gernot Muller	Fall 2017
Intermediate Microeconomics, Anna Caterina Musatti	Spring 2017
Financial Economics, Sally Davidson	Spring 2016, Fall 2016
Intermediate Microeconomics, Prajit Dutta	Fall 2015

PERSONAL

Programming & Software: Stata, R, Matlab, SQL
Languages: Chinese (Native), English (Fluent)
Citizenship: China

REFERENCES

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