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Health Care Delivery

How Hospital Ownership Affects Access to Care for the Uninsured, by Edward C. Norton (Research Triangle Institute) and Douglas O. Staiger (Harvard University)

This article addresses the effect of hospital ownership on the delivery of service to uninsured patients. It compares the volume of uninsured patients treated in for-profit and nonprofit hospitals by regarding hospital ownership and service as endogenous. Instrumental variable estimates are used to predict the percentage of patients who are uninsured, controlling for hospital ownership and service. The study shows that when for-profit and nonprofit hospitals are located in the same area, they serve an equivalent number of uninsured patients, but for-profit hospitals indirectly avoid the uninsured by locating more often in better-insured areas. *RAND Journal of Economics*, Spring 1994, 25(1): 171-185. (Reprinted with permission of the *RAND Journal of Economics*.)

Agency in Health Care: Getting Beyond First Principles, by G. Mooney and M. Ryan

This paper is concerned with the application of the theory of agency to health care. It is argued that the basic theory of agency raises more questions than it provides answers when it is applied to the doctor-patient relationship. More research is needed into the nature of both the patient's and the doctor's utility functions. Only then can we begin to devise optimal incentive structures to encourage doctors to take adequate account of patient preferences. *Journal of Health Economics*, July 1993, 12(2): 125-135. (Reprinted with permission of the *Journal of Economic Literature*.)

Health Care and Insurance

Elasticity Estimates from a Dynamic Model of Interrelated Demands for Private and Public Acute Health Care, by I. D. McAvinchey and A. Yannopoulos

This paper investigates the private/public mix in acute health care provision in the United Kingdom. It uses an interrelated shares model derived from a translog function combined with dynamic adjustment. Using prices for public care constructed from National Health Service waiting lists, the insurance cost of private care, and the retail price index, impact, intermediate, and long-run elasticities of demand for private and public care are obtained. The role of