

## Contributors

SCOTT W. ATLAS is a senior fellow at the Hoover Institution and professor of radiology and chief of neuroradiology at Stanford University Medical School.

Atlas's research interests at Hoover focus on issues pertaining to public policy in health care. He is investigating the ways of increasing direct patient payments for health care so that free market effects can play out on prices. His work also includes investigations into the effect of the changing health care marketplace on technology-based innovations in medicine, with special emphasis on the effect of managed care on expensive techniques involved in emerging medical applications.

Atlas is the editor of the leading textbook in the field, the best-selling *Magnetic Resonance Imaging of the Brain and Spine*. He is also editor, associate editor, or member of the editorial boards of many scientific journals and has been a member of the boards of major scientific societies over the past decade. Atlas has written more than one hundred scientific publications in leading journals. He has lectured throughout the world on various topics, most notably on advances in brain imaging and on economic issues related to the future of such technology-based advances. He is also an adviser to industry leaders in medical technology. Atlas has received many awards and honors in recognition of his leadership in the field.

Before his appointments at the Hoover Institution and Stanford University, Atlas was on the faculty of the University of California at

San Francisco, University of Pennsylvania, and Mount Sinai Medical Center in New York City.

Atlas received a B.S. degree in biology from the University of Illinois in Urbana-Champaign and an M.D. degree from the University of Chicago School of Medicine.

DANIEL P. KESSLER is a professor at the Stanford University Graduate School of Business, a senior fellow at the Hoover Institution, and a research associate at the National Bureau of Economic Research. He has a J.D. from Stanford Law School and a Ph.D. in economics from the Massachusetts Institute of Technology. His research interests include antitrust law, law and economics, and health economics. His current research, in addition to work on using claims data to detect Medicare abuse, focuses on the effect that organizational form in health care has on the cost and quality of care.

MARK V. PAULY holds the position of Bendheim Professor in the Department of Health Care Systems at the Wharton School of the University of Pennsylvania. He received a Ph.D. in economics from the University of Virginia. He is professor of health care systems, insurance and risk management, and business and public policy at the Wharton School and professor of economics in the School of Arts and Sciences at the University of Pennsylvania. Dr. Pauly is a former commissioner on the Physician Payment Review Commission and an active member of the Institute of Medicine. One of the nation's leading health economists, Dr. Pauly has made significant contributions to the fields of medical economics and health insurance. His classic study on the economics of moral hazard was the first to point out how health insurance coverage may affect patients' use of medical services. Subsequent work, both theoretical and empirical, has explored the effect of conventional insurance coverage on preventive care, on outpatient care, and on prescription drug use in managed care. He is currently studying the effect of poor health on worker productivity. In addition, he has explored the influences that determine whether insurance coverage is available and, through sev-

eral cost-effectiveness studies, the influence of medical care and health practices on health outcomes and cost. His work in health policy deals with the appropriate design for Medicare in a budget-constrained environment and the ways to reduce the number of uninsured through tax credits for public and private insurance. Dr. Pauly is co-editor-in-chief of the *International Journal of Health Care, Finance, and Economics* and associate editor of the *Journal of Risk and Uncertainty*. He has served on the Institute of Medicine panels on improving the financing of vaccines and on public accountability for health insurers under Medicare. He is an appointed member of the U.S. Department of Health and Human Services National Advisory Committee to the Agency for Healthcare Research and Quality (AHRQ).