Technology Adoption with Strategic Complements on a Network

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Research Objective

We study a model of costly technology adoption with network benefits that depend on the number of partners on the network who also adopt



- Model gives a threshold for adoption on the number of neighbours who also adopt
- Alternative explanation for incomplete technology adoption on a network: without standard network frictions
- Maximal set of adopters can be fully described using a graph theoretic concept: the *k*-core
- Apply network properties to healthcare digitisation
- Technology adoption can be fragile when network is shocked



- Firms in a network where links capture relationships: customer/supplier relationships, collaborations etc.
- Firms adopt technology at some fixed cost: reduces costs of co-ordination
- Critically benefits increase in the number of partners who adopt the technology
- Expect model to be useful in scenarios where agents are well informed and co-ordinated, and the fixed costs are high - e.g. in high-tech industries

Literature



- Technology Adoption: Girliches (1957, Metrica), Bass (1969), Farrel & Saloner (1985, RAND)
- Technology Diffusion on a Network: Granovetter (1979), Katz & Shapiro (1985, AER), Bannerjee (1992, QJE), Brandiera & Rasul (2006, EJ), Beaman (2021, AER), Jackson & Storms (2023)
- Network games: Ballester, Calvó-Armengol, Zenou (2006, Metrica), Belhaj, Bramoullé, Deroïan (2014, GEB), Harkins (2013), Gagnon & Goyal (2017, AER)
- Discrete Maths: Bollobás (1984), Łuczak (1991), Pittel, Spencer, & Wormwald (1996), Dorogotsev (2006, 2008).

Model



- *n* firms on a weighted and directed network *g*, represented with an $n \times n$ non-negative matrix *G*.
- Firms simultaneously make adoption decision: set $x_i \in \{0, 1\}$.
- Firms are risk-neutral profit maximisers:

$$\pi_i = f\left(x_i \ , \ \sum_j G_{ij} x_j\right) - C \cdot x_i, \tag{1}$$

- $f(\cdot)$ continuous, increasing in first argument, and C > 0.
- Assumption: strategic complementarities. i.e. $f_{12}' > 0$



Best replies

$BR_i(\mathbf{x}_{-i}) = 1$ if and only if $\sum_j G_{ij} x_j \ge k$, for all *i*, for all *C*, and for some $k \in \mathbb{R}$.



- There are multiple equilibria: form a complete lattice under set-inclusion
- Focus on the maximal equilibrium: coalition-proof and Pareto dominant

Definitions

Definitions

Induced Sub-Graphs

Induced Sub-Graphs

Let q and h be graphs. Then h is an induced sub-graph of q if:

- Every node in h is also a node in q; and
- For every pair of nodes u, v in h the link uv is in a link in h if and only if *uv* is in a link in *q*.



k-cores

Generalised k-core

Let g be graph and let $k \ge 0$. The generalised k-core of g is the maximal induced sub-graph such that every node has at least weighted out-degree k within the sub-graph.

Describes well-connected agents in the graph who are neighbours of other well-connected agents



The *k*-core can be calculated using a simple algorithm which successively removes nodes which do not satisfy the out-degree threshold.













		Definitions			
An example					
					k = 3















Results

Literature

Results

Maximal Set of Adopters

Equilibrium actions

Let k be the threshold of the game. In the maximal Nash Equilibrium, $x_i^* = 1$ if and only if i is in the k - core.

Case Study



- Electronic Health Record (EHR): digital repository of patient data that is shareable across healthcare providers through Health Information Exchanges (HIEs)
- Empirical evidence that network effects play important role in cost-saving benefits of EHRs- strongest in dense networks with HIE participation (*Angst et al, 2010; Hilal et al, 2017*)
- EHR/HIE technology is expensive: only worth to adopting if you expect your neighbours to participate in HIE activities



Case Study: Electronic Health Records

- EHR/HIE technology created in 1980s but adoption was stubbornly low in early 2000s, despite policy efforts: in 2008 just under 10% of non-acute US hospitals had adopted
- Low adoption trend only broken by \$19 billion HITECH Act in 2009



- Rural hospitals were particularly slow to adopt EHRs and have not reaped any cost saving benefits since adopting primarily due to low HIE utilisation by partners (*Rhoades et al.*, 2022) - Could networks explain this?
- Consider set of healthcare providers in the US to be a weighted network: providers linked if they share a patient
- *k*-core may be useful in understanding why rural hospitals were so hesitant to adopt
- Patient referral networks are less dense in rural areas: rural hospitals might not be in the *k*-core despite having many neighbours on the network

Literature Model Definitions Results Case Study Unstable Networks

Urban patient referral networks are more dense than rural ones

Figure 1: Sparse rural network: Albuquerque, NM (n=1391)

Figure 2: Dense urban network: Minneapolis/St Paul, MN (n=596)

Source: Landon et al, 2012

Literature

Case Study

Unstable Networks

Thank you!

Unstable Networks

- Firm needs make adoption decision a technology when at some unknown time a shock randomly removes a fraction of the firms from the network
- When the network have a non-empty *k*-core?
- Use random graphs to do this: classes of graphs where the number of neighbours each node is expected to have is governed by a pmf
- Results for un-weighted, un-directed graphs

Sudden disappearance of *k*-cores

Suppose a random network is drawn from the class of graphs with finite expected number of second neighbours. If nodes are deleted some nodes with probability *p*Then there exists a critical threshold p(k) such that no firm in the original network is willing to take the action for all p > p(k)

The *k*-core undergoes a phase transition at p(k): it suddenly disappears

A small increase in shock probability can prevent technology adoption completely.