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**Title**

*The Association Between Practice Ownership and Patient and Practice Characteristics: Is Hospital-System Ownership Protective?*

**Priority 1 (Research Category)**

Healthcare Services, Delivery, and Financing

**Presenters**

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**Abstract**

Background: Practice ownership has an impact on quality improvement, provision of low value care, and burnout. As hospital ownership expands and clinician owned practices become less common, it is necessary to quantify the differences in practice and patient characteristics that are associated with ownership.

Objective: This study aims to identify patient characteristics, practice characteristics, stressors, and access for primary care practices by ownership.

Study design, Setting: A cross-sectional survey was fielded to all primary care practices between 9/1/2021-4/22/2022.

Results: 424 practices responded to the survey. 181 practices were health system owned, 178 clinician-owned, and 60 government, private or academic center owned (other). Health-system owned practices were more likely to see historically underserved patients (ie: low income (88.8% vs 73.0%,  $p<0.001$ ), Medicaid recipients (23.0% vs 15.1%,  $p<0.001$ ), non-English speakers (69.3% vs 50.9%,  $p<0.0003$ )) as compared to clinician-owned practices. Health-system were more likely to have patient strategies to improve care (ie: provide care coordination (64.9% vs 46.2%,  $p<0.001$ ), patient advise line (25.3% vs 15.6%  $p<0.001$ ), follow up after specialist (43.7% vs 37%  $p<0.001$ )). Hospital-system and clinician-owned practices had similar stressors in the past year (moved offices, changed EMR, changed billing system) but hospital-owned practices were less likely to experience COVID-19 related stressors (financial recovery (27.8% vs 46.0%,  $p<0.001$ ), reduced pay (32.7% vs 38.7%,  $p<.001$ ), staff layoffs (5.6% vs 13.3%,  $p=<.05$ )). Yet hospital-system practices are more likely to report struggling from burnout than clinician-owned practices (77.2 vs. 54.0,  $p<.001$ ).

Discussion: These results demonstrate that hospital ownership may be protective against major stressors and offer more ancillary services than clinician owned practices. This may be due to financial stability and larger institutional support but may also be due to the needs of the patients seen as hospital system owned practices are shown here to see more patients that receive Medicaid, Medicare and are uninsured. However, hospital-system practices struggle more from burnout. These results are particularly valuable to practices considering ownership changes, however, are limited as physician autonomy and wellness were not measured here.