

Original Investigation

February 28, 2022

Association of Physician Management Companies and Private Equity Investment With Commercial Health Care Prices Paid to Anesthesia Practitioners

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Corporatization of Medicine

- Financial institutions and large corporations increasingly acquiring health care organizations, raising concerns of misplaced **managerial emphasis on financial outcomes at the expense of clinical outcomes**

HOW PRIVATE-EQUITY FIRMS SQUEEZE HOSPITAL PATIENTS FOR PROFITS



By Sheelah Kolhatkar
April 9, 2020

Private equity ownership is killing people at nursing homes

A new study describes the human toll of private equity firms buying up nursing homes.

By Dylan Scott | @dylanlscott | dylan.scott@vox.com | Feb 22, 2021, 4:30pm EST

Lawsuit accuses TeamHealth of billing fraud, 'profiting from patients'

Morgan Haefner - Wednesday, July 15th, 2020 [Print](#) | [Email](#)

Physician staffing firms are behind \$30M campaign to stop surprise-billing legislation, Politico says

Kelly Gooch - Updated Wednesday, September 18th, 2019 [Print](#) | [Email](#)

Three Ways your MSO May Be Violating the Prohibition against the Corporate Practice of Medicine

September 08, 2020

By Hendershot Cowart P.C.

Please take out your phones or laptop
and open a web browser

Go to pollev.com/pollpe

or

text POLLPE to 22333

What do you see as the biggest concerns of corporate ownership?

What do you see as the biggest benefits of corporate ownership?

Corporate Ownership and Health Care Delivery: Theory

- **The good:** Increase quality and lower costs by standardizing care, improving managerial processes, and leveraging economies of scale
 - Capital to invest in technology + fund expansions & hire more staff
- **The bad:** Higher prices and increase in low-value services as a result of increased market power and pressure to increase shareholder value
 - Upcoding, shorter visits, more testing
 - Loss of physician autonomy

Corporate Ownership and Health Care Delivery: Evidence

- Acquisitions of independent dialysis clinics & private equity acquisitions of nursing homes -> worse patient outcomes + higher Medicare spending (Eliason et al. 2020; Gupta et al. 2021)
- Hospitals contracting with physician staffing firms -> More surprise bills + higher commercial prices in emergency department setting (Cooper et al. 2020)
- Private equity acquisitions of dermatology practices -> Small price increases, no changes in spending (Braun et al. 2021)

Our Paper

- How do commercial prices change when hospital outpatient departments and ambulatory surgery centers (ASCs) contract with physician management companies (PMCs)?
 - Collect data on all PMCs in the US that provide anesthesia staffing services and use difference-in-differences methods to compare outcomes for facilities that contract with PMCs to those that do not
 - Study whether outcomes differ if the PMC is owned by a private equity (PE) company or not

What is a Physician Management Company (PMC)?

- For-profit entity that manages the back-office administration of acquired medical practices to increase practice revenue
 - Ex. contracting and billing, group purchasing, IT support, population health/clinical analytics, human resources
- PMC consolidates and manages the business functions (bill under a single Tax ID) and physicians manage clinical care



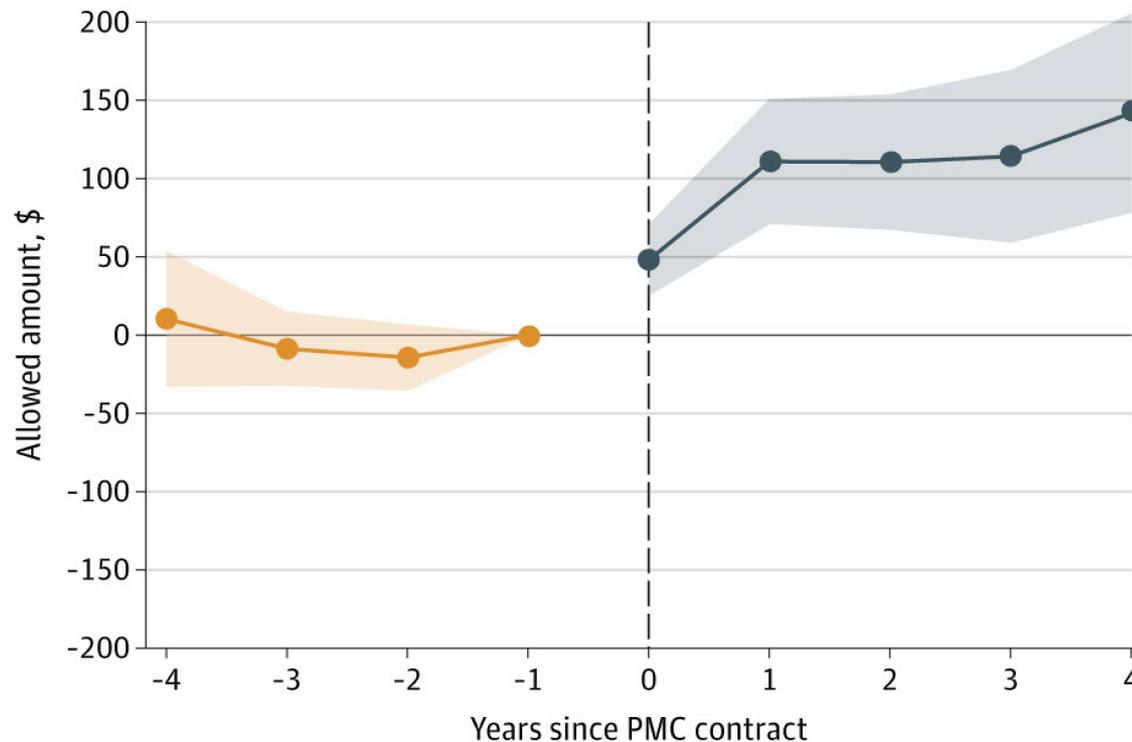
- PMCs vary in size, location, specialty and ownership
 - Publicly traded or privately-held – Increased investment from private equity – Take ownership of non-clinical assets through the MSO

What is a Physician Management Company (PMC)?

- Some PMCs, referred to as physician staffing companies (ex. TeamHealth) also provide staffing and management services to hospitals and other facilities for hospital-based specialties such as anesthesiology and emergency medicine
- Why anesthesia?
 - High-margin high-volume specialty & the most commonly acquired medical specialty (~22% of all US anesthesia practitioners are part of a PMC)
 - Hospitals/ASCs increasingly outsourcing clinical staffing and management for anesthesia
 - Off-load burden of scheduling/managing OR coverage + potentially lower costs by subbing anesthesiologists with CRNAs

Our Findings

- **What happens to commercial prices when outpatient facilities contract with PMCs for anesthesia staffing and management services?**



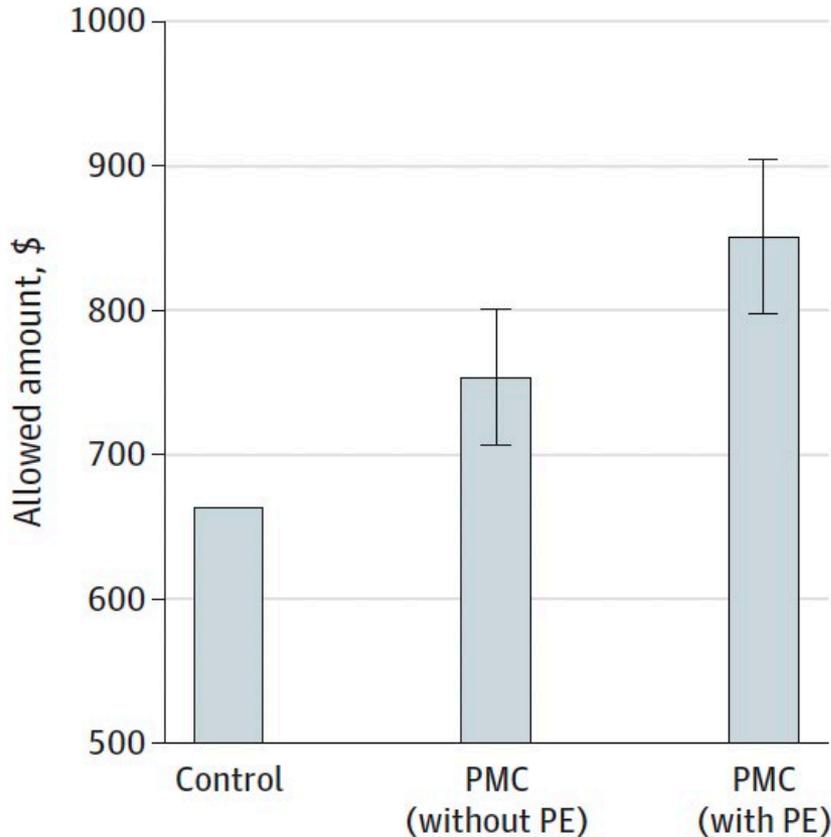
Key Finding:
**16.5% increase in
allowed amounts
after PMC
contract**

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Our Findings

- **Are there differences in prices if a PMC does or does not receive private equity (PE) funding? → YES!**



Key Finding: PE-backed PMCs increased prices by 26.0% while PMCs without PE only increased prices by 12.9%

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Why Do Prices Go Up? And So What?

- **Mechanisms:** PMCs negotiate significantly higher prices for anesthesia services likely as a result of amassing greater market share and better negotiating expertise
 - Private equity firms stronger financial incentives to create short-term returns
- **What does this mean for patients?**
 - Higher prices get passed onto patients in the form of higher cost-sharing and insurance premiums
- **What does this mean for practitioners?**
 - Unclear whether practitioners even receive higher salaries or benefits from the PMC

Implications

- **Transparency:** Very difficult to know when a practice is acquired/owned by a corporate entity or financial institution
- **Antitrust:** Are Corporate Practice of Medicine laws being violated? Are these organizations operating as vehicles to quietly amass market share?
- **Open question:** In what settings and under what conditions can corporate ownership *improve* outcomes? To what extent are higher prices justified by improved quality or access?