# DESCRIBING AND QUANTIFYING MOVEMENT IN THE MASSACHUSETTS PHYSICIAN MARKET ELIZABETH REIDY, MPH, THOMAS HAJJ, ESQ., ALEXA PAIVA, KARA VIDAL, MPH, MEGAN WULFF, ESQ., MPH, SUSAN FLANAGAN-CAHILL, ESQ., AND KATHERINE MILLS, ESQ., MPH

## INTRODUCTION

Consolidation in the physician market has well-documented impacts, including higher prices. But even in consolidated markets in which most physicians are already aligned with large provider organizations, movement of physicians between organizations can have implications that should be further examined. Shifting physician affiliations could impact continuity of care for patients. The movement of physicians from lower-priced to higher-priced provider organizations could also increase health care spending. Additionally, physician additions to and departures from provider organizations, particularly primary care physicians (PCPs), may impact the provider organizations' performance in risk contracts or confound measurement of trends over time. Despite these potential impacts, this is not a well-studied area, in part due to the lack of publicly available data on physician affiliations.

The HPC is undertaking novel work to examine this issue using data from the Massachusetts Registration of Provider Organizations (MA-RPO) program, a **first-in-the-nation** statutory reporting requirement designed to collect public, standardized information on the structures and relationships of large Massachusetts providers. The dataset includes a physician roster file that contains names, National Provider Identifiers (NPIs), license numbers, specialties, employment status, practice sites, and medical group affiliations for all physicians that are part of a provider organization's contracting network, including employed physicians and affiliated physicians who are not employed by the provider organization but who have at least one payer contract negotiated by the provider organization. The physician roster file contains nearly all practicing physicians in Massachusetts<sup>1</sup> and allows us to track physician affiliation changes over time.

### OBJECTIVES

- Investigate changes in the numbers of physicians affiliated with large provider organizations in Massachusetts from 2015 to 2018, including trends for PCPs and specialists.
- Identify the number of physicians that have entered or left provider organizations reporting into the MA-RPO program during 2015 to 2018.
- Examine the number of physicians that have changed provider organization affiliation from 2015 to 2018, including trends for PCPs and specialists and for provider organizations.
- Examine turnover for top provider organizations between 2015 and 2018.

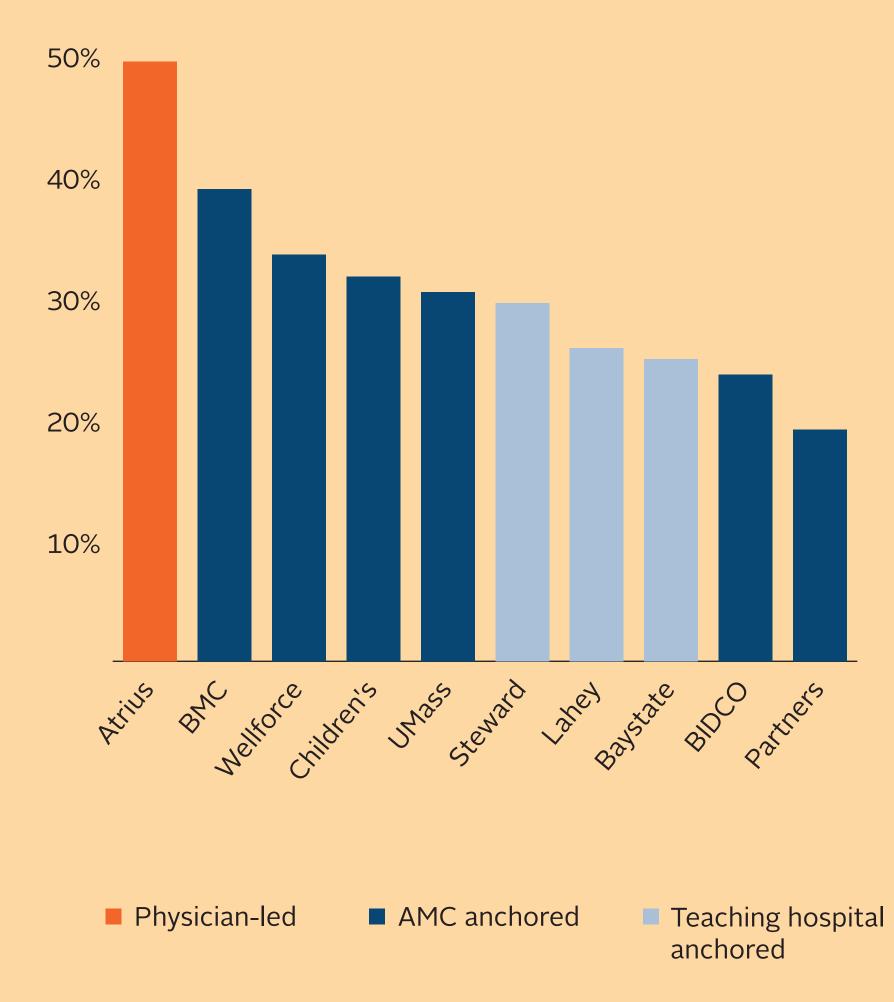
### **STUDY DESIGN**

The HPC used data from the 2015 and 2018 MA-RPO physician roster file, which contains a flag to identify whether a physician is a PCP, specialist, or both. For the purpose of these analyses, physicians classified as "both" were counted as PCPs. Additionally, physicians were classified as PCPs if they have ever been reported as a PCP in the MA-RPO roster.

Some of our analyses focus on physicians that are part of one of the largest provider organizations in Massachusetts. We defined large provider organizations to be those with 500 or more physicians in their contracting network; 10 provider organizations in Massachusetts had 500 or more physicians in both 2015 and 2018. Physicians who do not appear in one of the top 10 provider organizations were

grouped in a category called "all other provider organizations." Physicians who appear in two or more of the top 10 provider organizations are fractionally assigned to each of the top 10 provider organizations to which they are affiliated. The MA-RPO physician roster does not contain full-time equivalent (FTE) data. Therefore, physicians are assigned evenly across the top 10 provider organizations to which they are affiliated. For instance, if a physician is affiliated with both Atrius and Beth Israel Deaconess Care Organization (BIDCO), the physician in counted as 0.5 for Atrius and 0.5 for BIDCO. Physicians who appear in both a top 10 provider organization and a non-top 10 provider organization are counted once under the top 10 provider organization.

- There were 21,358 physicians in the 2018 MA-RPO physician roster
- Of these, 5,908 (27.7%) are PCPs and 15,450 (72.3%) are specialists.
- Since 2015, the total number of physicians in the MA-RPO roster increased 3.0% (from 20,732).
- The number of specialists increased more than the number of PCPs (3.4% compared to 2.0%) between 2015 and 2018.
- The share of physicians affiliated with the top provider organizations increased slightly between 2015 and 2018. 18,398 physicians (88.7%) were affiliated with the top provider organizations in 2015 and 19,282 (90.3%) were affiliated with the top provider organizations in 2018. This share may be an overestimate both because there is a \$25 million commercial net patient service revenue reporting threshold, which excludes smaller organizations from reporting to the MA-RPO program and because, when a physician is part of both a top 10 provider organization and non-top 10 provider organization, we assign that physician only to the top 10 provider organization.
- The trend is similar for PCPs and specialists. In 2015, 87.0% of PCPs and 89.4% of specialists were affiliated with the top provider organizations. In 2018, 88.5% of PCPs and 90.9% of specialists were affiliated with the top provider organizations.



#### **FIGURE 1: Share of PCPs at Top Provider** Organizations, 2018

• There has also been variation in the changes in the number of PCPs and specialists in the top 10 provider organizations between 2015 and 2018. (See Figure 2). For example, at Children's, the number of PCPs increased by 30.4% and the number of specialists increased by 13.0% between 2015 and 2018. At Baystate, the number of PCPs decreased by 20.9% and the number of specialists decreased by 4.0% between 2015 and 2018.

## FINDINGS

The proportion of physicians that are PCPs varies in the top 10 provider organizations from a high of 49.4% (Atrius, a physician-led provider organization) to a low of 19.1% (Partners, an AMC anchored provider organization) in 2018. (See Figure 1). A greater understanding of the factors contributing to variation in the provider organization's contracting network composition (e.g., organizational strategy, use of advanced practice providers, FTE data, etc.) at different organizations is needed.

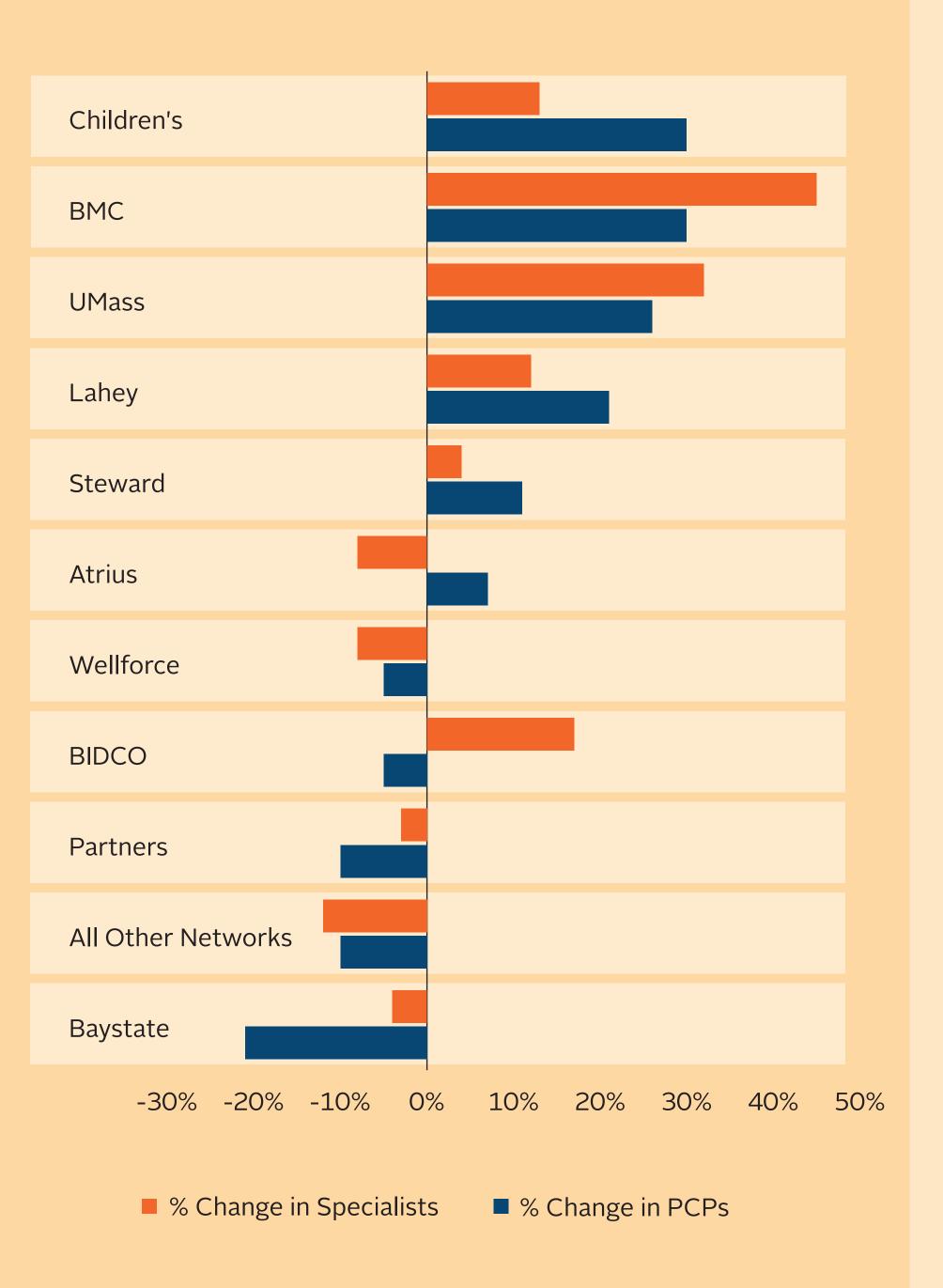


FIGURE 2: Percent Change in Physician Volume by **Provider Type, 2015–2018** 

- Between 2015 and 2018, there were overall changes in the physicians reported in the MA-RPO physician roster. 18.4% of physicians in the 2018 roster joined provider organizations reporting to the MA-RPO program between 2015 and 2018. On the other hand, 15.4% of physicians in the 2015 roster left provider organizations reporting to the MA-RPO program between 2015 and 2018. Further work is needed to identify additional information on why physicians joined or left organizations reporting to the MA-RPO program (e.g., graduated from medical school, retired, etc.).
- In the large provider organizations, there were varying degrees of turnover. Note, Figure 3 below does not show physicians added to these provider organizations between 2015 and 2018. Children's had the highest proportion of 2015 physicians (84.2%) that were a part of their provider organization in 2018; Wellforce had the lowest proportion of 2015 physicians (58.6%) that were a part of their provider organization in 2018. Our method captures both changes in individual physician employment and organizational changes (e.g., corporate or contracting affiliation changes). For instance, in Wellforce's case most of the loss of physicians between 2015 and 2018 was a result of Southcoast Health Network ending its contracting relationship with Wellforce.
- We observed different trends for PCPs and specialists that warrant further examination.

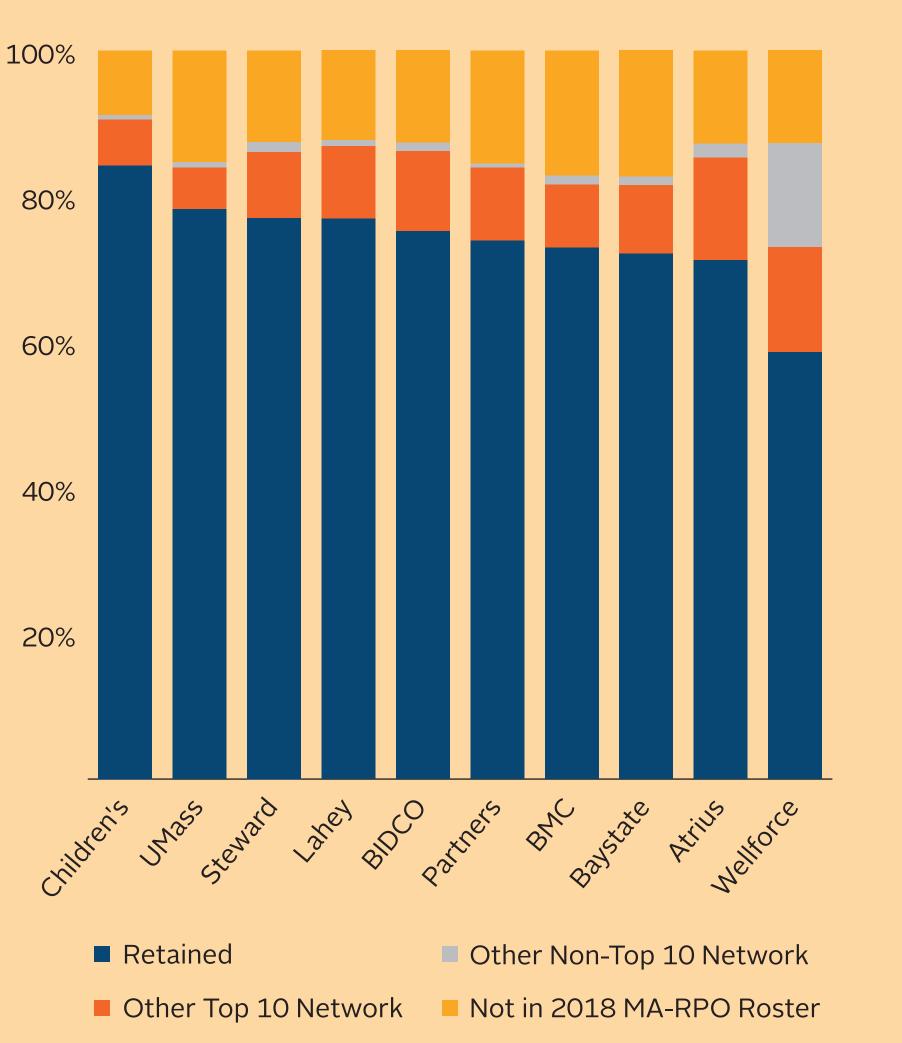


FIGURE 3: Distribution of 2015 Physicians by 2018 **Provider Organization** 





## **POLICY IMPLICATIONS**

- The Massachusetts physician market is dynamic and turnover varies by provider organization. More work is needed to understand the factors that contribute to the movement of physicians across provider organizations in Massachusetts (e.g., compensation, practice culture, etc.) and to contextualize the levels of physician turnover and movement and evaluate trends in the provider organizations physicians are joining or leaving. MA-RPO data can be linked to other data sources, including the CMS NPI Registry and Massachusetts Board of Registration in Medicine, and further work can be done to identify whether the physicians that joined or left are new medical school graduates, retired, or moved into or out of Massachusetts.
- As noted above, our analysis used the PCP-flag in the MA-RPO data to look at trends for PCPs and specialists. The dataset also has physician-reported specialty fields and a flag to identify pediatricians. Further work could be done to identify any differences in the levels of turnover and movement across provider organizations for certain types of specialists and sub-specialists and to look at trends for adult and pediatric providers.
- In addition to understanding factors contributing to turnover and movement, further work should be done to understand how the level of turnover and movement of physicians across provider organizations may impact costs, quality, and access to care.
- The MA-RPO dataset is a powerful tool that gives Massachusetts the ability to map physicians to provider organizations and track changes over time. Data are collected annually, and the dataset will become more robust as additional years of data allow us to observe trends over longer periods of time. The MA-RPO physician roster could act as a model for other states that are interested in looking further at trends in the physician market.

## CONTACT

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. Provider organizations with more than \$25 million in annual commercial net patient service revenue are required to annually report a roster of all physicians on whose behalf they contract with payers to the MA RPO program. The MA-RPO physician roster is a free, publicly available resource. An HPC analysis found that the 2015 MA-RPO physician roster contains approximately 92% and 105% of the physicians in similar commercial datasets.