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### EFFECTS OF HOSPITAL - PHYSICIANS INTEGRATION ON QUALITY OF CARE: A STUDY OF CARDIAC SERVICES

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This study investigated whether integration of hospitals and physicians is associated with better care for patients with cardiac conditions. A dramatic change in the U.S. hospital industry is the integration of hospital and physicians through hospital acquisition of physician practices. Yet, little evidence exists regarding whether this form of integration leads to better quality of care. The study was conducted as an observational investigation and was based on a new theoretical model that integrated concepts from economics, organizational behaviour, and medical sociology. The study sample comprised over 300 hospitals in the State of California. The time frame for the study was 2010 to 2013. The key performance measures were hospitals' degree of compliance with performance criteria set out by the federal government for managing patients with cardiac conditions. These criteria relate to the types of clinical tests and medications that cardiac patients should receive but hospital compliance requires the cooperation of physicians. Data for these measures were obtained from a federal web site that presents performance scores for U.S. hospitals. The key independent variable was the percentage of cardiologists that a hospital employs (versus cardiologists who are affiliated but not employed by the hospital). Data for this measure was obtained from the State of California which requires hospitals to report financial and operation data each year including numbers of employed physicians. Other characteristics of hospitals (e.g., information technology for cardiac care, volume of cardiac patients) were also evaluated as possible complements or substitutes for physician employment by hospitals. Additional sources of data included the American Hospital Association and the U.S. Census. Empirical models were estimated with generalized estimating equations (GEE). Findings suggest that physician employment is positively associated with better hospital performance for cardiac care. However, findings also suggest that information technology is a substitute for physician employment.

#### Biography

Gary Young is Director of the Northeastern University Center for Health Policy and Healthcare Research, as well as Professor of Strategic Management and Healthcare Systems, Northeastern University. His research generally covers management, legal, and policy issues affecting the delivery of healthcare services. Much of his recent research focuses on measuring and evaluating the performance of healthcare providers, particularly for quality of care, and the potential for using financial incentives to improve providers' performance on quality metrics. Dr. Young has received research funding from both government agencies and private foundations, including the National Science Foundation, Agency for Healthcare Research and Quality, and the Robert Wood Johnson Foundation. He has published in such journals as the New England Journal of Medicine, Journal of the American Medical Association, Health Affairs, Medical Care, Journal of Health Economics, and Academy of Management Journal.

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