

The Changing Size of Radiation Oncology Practices¹

Alexys Gayne*

In recent years, there has been a general trend across specialties in the medical field known as practice consolidation. Through practice consolidation, practices are becoming larger in terms of the number of providers united in the same group or system. This can be beneficial for increasing patients' coordination of care and facilitating a cooperative environment between physicians. Consolidated centers also promote centralized billing and standardized patient care. However, fewer practices decrease the competition between them, which can increase costs for patients and contribute to increased and inappropriate referrals for patients.

The field of radiation oncology is no exception to experiencing such changes in practice size and organization. The American Society for Radiation Oncology (ASTRO) facilitates surveys regarding the landscape of physician sentiment and practice details across the field of radiation oncology. In 2012, ASTRO found that the main reason physicians experienced a change in their practice was due to either a merger or buyout of their existing practice. Further, a 2017 ASTRO survey demonstrated that the number of

radiation oncologists in private practice decreased from 53% to 38%. Conversely, the proportion of radiation oncologists working in academic hospitals increased by 10.2%, and the percent working in nonacademic hospitals increased by 6.4%. These statistics all point to ongoing consolidation practices in the radiation oncology workforce.

Data comparing the number of physicians and practices between 2012 and 2020 gathered from the Physician Compare database based on the Centers for Medicare & Medicaid Services demonstrates that in 2012 there were 4300 radiation oncologists employed at 1606 unique practices, while in 2020 there were 4679 radiation oncologists employed at 1422 unique practices. Overall, this represents a 9% increase in the number of radiation oncologists but a decrease of 11.5% in the number of unique practices at which these individuals were employed. An analysis of the number of radiation oncologists across small practices (all with 49 individuals or less) demonstrated decreased radiation oncology providers. However, practices of 50 or more individuals demonstrated increases in the number of radiation oncologists included in these practices

(inclusive of multispecialty practices). The increase observed in larger practices was significant across regions, population densities, single- or multispecialty practices, and academic or nonacademic institutions. Single-specialty practices now comprise a significantly smaller proportion of the radiation oncology field, while academic centers account for a significantly growing proportion of radiation oncology practices. However, the specific impacts of these mergers on the patient experience, including cost of care, access to care, and quality of care, remain understudied.

Ultimately, these data and analysis demonstrate that radiation oncology, like many other specialties, is trending toward consolidated practices with larger, collective centers. More information on the impact of this on the patient care experience will likely emerge as this practice continues to be implemented, studied, and evaluated.

References

- 1) Hogan J, Roy A, Pollock JR, et al. Quantitative Analysis of Practice Size Consolidation in Radiation Oncology: A Trend Toward Bigger and Fewer Practices. *Pract Radiat Oncol*. 2021;11(5):328-338. doi:10.1016/j.prro.2021.05.003

Affiliation:

Corresponding author: *Alexys Gayne, (Alexys.Gayne.GR@dartmouth.edu)