

**POLICY BRIEF**

# Primary Care Physician Leadership in Top Ranked US Hospitals

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**This assessment of the “top hospitals” in the US according to 4 leading rankings reveals only 4 to 7% of represented CEOs are primary care physicians by training. Greater attention to leadership development from primary care residency through health system practice is needed to avoid diminishing primary care’s critical role and salutary global benefits. (J Am Board Fam Med 2023;36:682–684.)**

**Keywords:** Hospitals, Leadership, Physicians, Primary Health Care

Estimates about physician leadership suggest that 5% of hospital CEOs are physicians,<sup>1</sup> though they are disproportionately found to run some of the best performing hospitals in the US.<sup>2</sup> Primary care practice consolidation accelerated throughout the COVID-19 pandemic, despite the potential adverse implications of this trend.<sup>3</sup> Primary care physician (PCP) leadership in large systems is critical to counter potential negative impacts on access, quality, and costs emerging from consolidation. PCP leadership is associated with having a generalist, holistic perspective of the health system, yet they make up a small proportion of all hospital CEOs.<sup>4–6</sup> Our objective was to characterize hospital leadership by PCP versus other specialties across the US top ranked hospitals.

We identified top ranked hospitals from 4 popular lists: *Becker 100 Great Hospitals in America 2020*, *LeapFrog 2021 Top Hospitals*, *Lown Index Honor Roll 2021*, and *US News and World Reports (USNWR) 2021 Best Hospitals Honor Roll*. Each list was built

using a different methodology, although quality of care was a driving metric for all.<sup>7</sup> We collected CEO biographical information provided by each hospital between March 20–May 9, 2022, including gender, education, and training in a primary care specialty (defined as internal medicine, family medicine, geriatrics, pediatrics, med/peds, or preventive care). Leadership across the 4 lists was compared using frequency data and cross tabulations.

The USNWR list had the highest proportion of total physicians (65.0%) (Table 1, Figure 1). The Becker list had the highest proportion of PCPs (6.9%), which is significantly lower than the proportion of PCPs in the total physician workforce (30%).<sup>8</sup> When examining physician leaders (bottom Table 1), internal medicine was the primary care specialty with the most PCP leaders across all 4 lists. Medical subspecialists made up the highest proportion of physicians on the Becker (23.7%) and USNWR (38.5%) lists; surgical subspecialists made up the highest proportion on the Leapfrog list (18.2%). The proportion of medical and surgical subspecialists in leadership roles alone far exceeded the proportion of primary

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**Table 1. Leadership Characteristics of CEOs on Top Hospital Lists**

Leadership Characteristics	List Source			
	Becker (n = 101*)	Leapfrog (n = 150*)	Lown (n = 74 <sup>†</sup> )	USNWR (n = 20)
<b>Physician</b>				
Physician	38 (37.6)	22 (14.7)	15 (20.3)	13 (65.0)
Non-physician	63 (62.4)	128 (85.3)	59 (79.7)	7 (35.0)
Primary Care Physician (PCP)	7 (6.9)	7 (4.7)	3 (4.1)	1 (5.0)
Non-PCP	31 (30.7)	15 (10.0)	12 (16.2)	12 (60.0)
<b>Physician Gender</b>				
Female Physician	3 (3.0)	4 (2.7)	1 (1.4)	0 (0.0)
Male Physician	35 (34.7)	18 (12.0)	14 (18.9)	13 (65.0)
Female PCP	1 (1.0)	0 (0.0)	1 (1.4)	0 (0.0)
Male PCP	6 (5.9)	7 (4.7)	2 (2.7)	1 (5.0)
<hr/>				
Physician Specialty <sup>^</sup>	Becker (n = 38)	Leapfrog (n = 22)	Lown (n = 15)	USNWR (n = 13)
<b>Subspecialty Care</b>				
Anesthesia	5 (13.2)	2 (9.1)	1 (6.7)	1 (7.7)
Emergency Med	3 (7.9)	3 (13.6)	2 (13.3)	1 (7.7)
General Surgery	2 (5.3)	0 (0.0)	1 (6.7)	0 (0.0)
Informatics	1 (2.6)	0 (0.0)	0 (0.0)	0 (0.0)
Medical Subspecialty	9 (23.7)	2 (9.1)	1 (6.7)	5 (38.5)
OBGYN	2 (5.3)	0 (0.0)	3 (20.0)	0 (0.0)
Ophthalmology	0 (0.0)	1 (4.5)	0 (0.0)	0 (0.0)
Pathology	1 (2.6)	0 (0.0)	0 (0.0)	0 (0.0)
Pediatric Subspecialty	2 (5.3)	1 (4.5)	1 (6.7)	0 (0.0)
Psychiatry	1 (2.6)	0 (0.0)	0 (0.0)	1 (7.7)
Radiology	1 (2.6)	0 (0.0)	0 (0.0)	1 (7.7)
Surgical Subspecialty	4 (10.5)	4 (18.2)	3 (20.0)	3 (23.1)
Urology	0 (0.0)	2 (9.1)	0 (0.0)	0 (0.0)
Subtotal	31 (81.6)	15 (68.2)	12 (80.0)	12 (92.3)
<b>Primary Care</b>				
Family Medicine	1 (2.6)	0 (0.0)	0 (0.0)	0 (0.0)
Internal Medicine	5 (13.2)	6 (27.3)	3 (20.0)	1 (7.7)
Pediatric Primary Care	1 (2.6)	0 (0.0)	0 (0.0)	0 (0.0)
Preventive Medicine	0 (0.0)	1 (4.5)	0 (0.0)	0 (0.0)
Subtotal	7 (18.4)	7 (31.8)	3 (20.0)	1 (7.7)

Notes. Due to the structure of each list, duplication of individual leaders was possible based on multiple site inclusion per list.

\*Becker and Leapfrog both had one entity that used a co-leadership structure.

<sup>†</sup>One hospital was removed from the Lown list as it was not a service delivery organization.

<sup>^</sup>Proportion calculations about physician specialty were isolated to the total number of physician leaders on each list.

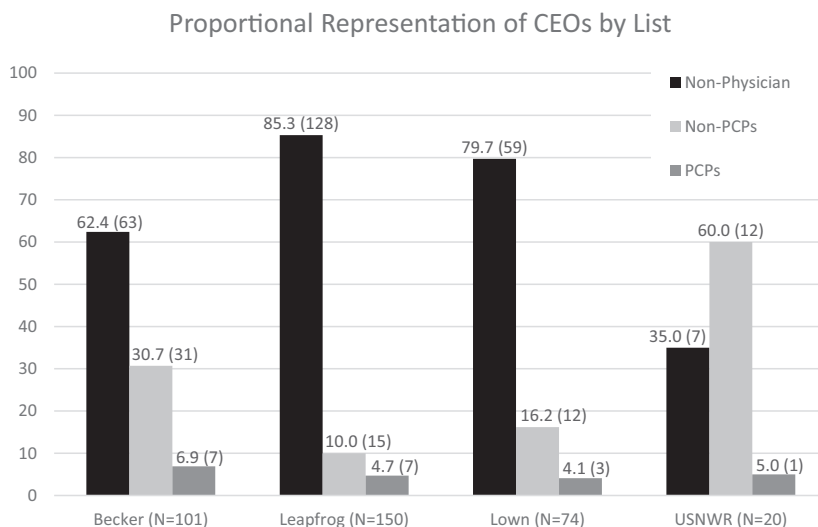
Abbreviation: USNWR, US news and world reports.

care specialties in all cases. The extreme rarity of women physician CEOs is noteworthy.

This study was limited to hospitals on 4 rankings lists; midsize or smaller hospitals may have more representation of PCPs. However, although evidence indicates the broad benefits of clinician leadership,<sup>1,2,9</sup> there are fewer physicians in CEO roles in top ranking

entities than nonphysicians, and total PCP representation remains low in leading hospitals across all lists. This has critical implications for primary care's role in the US health system as most consolidated health systems are led by specialty trained MD-CEOs or non-MD CEOs. Integrating leadership development throughout the medical training

**Figure 1. Overall proportion of leadership representation on top hospital lists. Abbreviations: PCP, Primary care physician; USNWR, US news and world reports.**



process, and intentionally promoting a PCP leadership pipeline<sup>4</sup> could ensure that the US health system reaps the benefits of primary care leadership.

To see this article online, please go to: <http://jabfm.org/content/36/4/682.full>.

### References

- Gupta AK. Physician versus non-physician CEOs: the effect of a leader's professional background on the quality of hospital management and health care. *JHA* 2019;8:47.
- Goodall AH. Physician-leaders and hospital performance: is there an association? *Soc Sci Med* 2011;73:535–9.
- Fulton BD. Health care market concentration trends in the United States: evidence and policy responses. *Health Aff* 2017;36:1530–8.
- Stephenson AL, Sullivan EE, Hoffman AR. Primary care physician leaders' perspectives on opportunities and challenges in healthcare leadership: a qualitative study. *BMJ Lead* 2023;7(1):28–32.
- Swanwick T, Varnam R. Leadership development and primary care. *BMJ Lead* 2019;3:59–61.
- Muramoto M, Rankin P, Rodgers AD. Leadership development for the future of family medicine: training essential leaders for health care. *Fam Med* 2021;53:650–3.
- Austin JM, Jha AK, Romano PS, et al. National hospital ratings systems share few common scores and may generate confusion instead of clarity. *Health Aff* 2015;34:423–30.
- Bazemore A, Wilkinson E, Petterson S, Green LA. Proportional erosion of the primary care physician workforce has continued since 2010. *Am Fam Physician* 2019;100:211–2.
- Slonim AD, See H, Shreve L, Slonim SK. Do hospitals led by physician CEOs have better HCAHPS scores? *Physician Leader J* 2021;8:38–46.