POLICY BRIEF

Racial/Ethnic Minority Identifying Family Physicians Are More Likely to Work in Solo Practices

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While the overall proportion of family physicians who work in solo practices has been steadily declining, Black, Hispanic/Latino, and Asian family physicians are more likely to work in these settings. Given their association with high levels of continuity and improved health outcomes, and given patient preference for racial concordance with their physicians, policy makers and payors should consider how to support family physicians in solo practice in the interest of promoting access to and quality of care for ethnic/racial minorities. (J Am Board Fam Med 2023;36:380–381.)

Keywords: **Ethnic and Racial Minorities, Family Physicians, Health Services Accessibility, Solo Practice**

A declining proportion of family physicians (FPs) are working in solo and small practices.[1] Given that FPs working in these settings are more likely to be practicing in rural and underserved areas, the reduction in this workforce has significant implications for access to primary care in these communities.[1] Prior research from 2013 to 2015 demonstrated that a higher proportion of non-White FPs (including Black, Hispanic/Latino, and Asian) are practicing in solo and small practices than their White counterparts.[2] Thirty-nine percent of non-White patients see racially concordant physicians, and those seeing physicians of the same race/ethnicity have better health outcomes and reduced costs.[3,4] A reduction in the proportion of FPs practicing in solo and small practices may disproportionately affect the health of racial/ethnic minorities and further exacerbate health disparities.

Using a cross-sectional study design, we characterized the proportions of racial/ethnic-minority-identifying FPs in the United States practicing in solo or small practices using responses to the 2014 to 2021 American Board of Family Medicine Certification Examination Practice Demographic Registration Questionnaire, which is a required component of registration for board-certified FPs to continue certification. Race and ethnicity were identified by self-report. Details about the questionnaire can be found elsewhere.[5] This use of these data were approved by the American Academy of Family Physicians Institutional Review Board.

Of 53,225 FPs, 6,448 (12%) were in solo practice (Table 1). Examining race/ethnicity, 17% of Black FPs, 16% of Hispanic/Latino FPs, and 14% of Asian FPs are in solo practice compared with 11% of White FPs ($P \leq .01$). Meanwhile, in larger practices with >20 providers, there were no substantial differences by race/ethnicity of FPs.

We found that a significantly higher proportion of racial/ethnic-minority-identifying FPs, especially those who identify as Black, Hispanic/Latino, and Asian, are practicing in solo practices than their White counterparts. With the proportion of FPs in solo practices declining from 14% to 11% between 2014 and 2021, access for these racial/ethnic minority groups may be at risk because a majority of patients see racially concordant FPs.[3,6] Among

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Table 1. Practice Size of Family Physicians' Principal Site of Practice by Race/Ethnicity Using Responses from the 2014-2021 American Board of Family Medicine's Certification Examination Registration Questionnaire (n = 53,225)*

Number of Providers at Practice	Total	Black	Hispanic/ Latino	Asian	AI/AN	NH/PI	White	Other
Solo	6,448 (12%)	476 (17%)	560 (16%)	1,088 (14%)	44 (11%)	27 (10%)	4,076 (11%)	186 (15%)
2 to 5	18,164 (34%)	939 (33%)	1,193 (34%)	2,480 (31%)	135 (35%)	91 (34%)	12,929 (35%)	397 (32%)
6 to 20	16,914 (32%)	786 (28%)	952 (27%)	2,254 (29%)	128 (34%)	85 (31%)	12,374 (33%)	335 (27%)
>20	11,699 (22%)	640 (22%)	827 (23%)	2,036 (26%)	78 (20%)	69 (25%)	7,726 (21%)	323 (26%)

*The P value is ≤0.01 for each row using a χ^2 test.
Abbreviations: AI/AN, American Indian/Alaskan Native; NHPI, Native Hawaiian/Pacific Islander.

various factors, this decline in solo practice has been driven by greater costs related to measurement reporting, electronic health records, and population health management.[2] With some evidence that solo practices have better outcomes compared with many larger practices,[7–9] racial/ethnic disparities in health outcomes may be further exacerbated by the continuing decline of FPs in solo practice. Future studies are needed to explore how the decline in FPs in solo practices is impacting access to primary care for racial/ethnic minorities and to understand how FPs in solo practices can best be supported in continuing to provide access for patients who identify as racial and ethnic minorities.

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References

1. Jetty A, Petterson S, Jabbarpour Y. Proportion of family physicians in solo and small practices is on the decline. J Am Board Fam Med 2021;34:266–7.
2. Liaw WR, Jetty A, Petterson SM, Peterson LE, Bazemore AW. Solo and small practices: a vital, diverse part of primary care. Ann Fam Med 2016;14:8–15.
3. Jabbarpour Y, Jetty A, Dai M, Magill M, Bazemore A. The evolving family medicine team. J Am Board Fam Med 2020;33:499–501.
4. Alsan M, Garrick O, Graziani G. Does diversity matter for health? Experimental evidence from Oakland. National Bureau of Economic Research Working Paper Series. Cambridge, MA: National Bureau of Economic Research; 2018.
5. Peterson LE, Fang B, Phillips RL, Avant R, Puffer JC. The American Board of Family Medicine's data collection method for tracking their specialty. J Am Board Fam Med 2019;32:89–95.
6. Jetty A, Jabbarpour Y, Pollack J, Huerto R, Woo S, Petterson S. Patient-physician racial concordance associated with improved healthcare use and lower healthcare expenditures in minority populations. J Racial Ethn Health Disparities 2022;9:68–81.
7. Casalino LP, Pesko MF, Ryan AM, et al. Small primary care physician practices have low rates of preventable hospital admissions. Health Aff (Millwood) 2014;33:1680–8.
8. Dai M, Chung Y-K, Morgan Z, Yang Z. Practice continuity of care and quality of preventive services. Ann Fam Med 2022;20:2592.
9. McWilliams JM, Chernew ME, Zaslavsky AM, Hamed P, Landon BE. Delivery system integration and health care spending and quality for Medicare beneficiaries. JAMA Intern Med 2013;173:1447–56.

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