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Kola Adegoke [*,†], Abimbola Adegoke [†], Adeyinka Adegoke [†]

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Concept Paper

Hospital Consolidation and Economic Efficiency: An Analytical Essay on Market Trends and Consumer Impact

Kola Adegoke [1,*,†], Abimbola Adegoke [2,†] and Adeyinka Adegoke [3,†]

[1] School of Health Sciences and Practice, New York Medical College, Valhalla, NY, USA
[2] McWilliams School of Biomedical Informatics, UTHealth, Houston, TX, USA
[3] Department of Business Administration, Northern Alberta Institute of Technology, Edmonton, Alberta, Canada
* Correspondence: kadegoke@student.touro.edu
† These authors contributed equally.

Abstract

Hospital consolidation in the United States has increased significantly as it rapidly expands nationwide, reshaping healthcare markets and challenging assumptions about economic efficiency. Based on RAND Hospital Data observations from 2015–2025 and a review of empirical studies on the effects of hospital consolidation, this analysis examines whether hospital mergers and acquisitions lead to clear efficiency gains or primarily boost market power. While economies of scale and administrative efficiencies often justify consolidation, quantitative research shows that hospital prices in highly concentrated markets rise by 11–54%, with minimal improvements in productivity or quality of care. These trends suggest that monopolistic pricing and informational asymmetries negate potential efficiency benefits. Additionally, geographic barriers and limited consumer mobility reinforce market failures, preventing effective competition. The essay argues that increased Federal Trade Commission scrutiny, through standardized efficiency assessments and price transparency reforms, is essential to ensure hospital consolidations promote economic efficiency and protect consumer welfare in the U.S. healthcare system.

Keywords: hospital consolidation; economic efficiency; market concentration; healthcare costs; RAND Hospital Data

1. Introduction

Hospital consolidation is one of the most characteristic structural developments in the recent U.S. healthcare landscape. Hospital mergers and acquisitions have increased significantly since 2010 due to pursuing economies of scale, greater negotiating power with insurers, and the promise of integrated value-based care [1,2]. Advocates see consolidation as easing resource sharing, reducing administrative redundancy, and enhancing service-line-wide coordination, leading to lower expenses and more efficient operations.

Still, increasingly empirical research questions these assertions. Studies using national datasets like RAND Corporation's Hospital Data (2015–2025) (Research ANd Development Hospital Data), and analyses from the Federal Trade Commission show that consolidation leads to higher prices without corresponding improvements in quality or access [3–5]. Price increases of 11–54% in highly concentrated hospital markets are reported, suggesting that any efficiencies gained may be offset by reduced competition and the exercise of market power [4,6].

From an economic perspective, these trends are particularly concerning because they affect the core concept of efficiency in healthcare markets. Traditional industrial organization theories emphasize that efficiency gains should lead to improvements in consumer welfare to be socially

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beneficial [7]. In healthcare, where asymmetry of information exists, along with location immobility and inelastic demand, concentration might do more than just increase allocative inefficiencies.

This paper examines the double-edged impact of hospital consolidation on economic efficiency and consumer welfare. It combines economic theory and empirical evidence to determine whether hospital mergers and acquisitions improve overall system efficiency or primarily reinforce market concentration. By reviewing emerging trends and regulatory considerations, this paper adds to ongoing discussions about which policies strike the best balance between efficiency and equity in the evolving landscape of healthcare provision in the United States.

2. Theoretical Context and Evidence

Economic theory provides multiple frameworks for understanding how hospital consolidation affects efficiency and performance in markets. Fundamentally, consolidation aims to produce *technical* and *allocative* efficiencies through economies of scale, resource sharing, and better coordination of care [7,8]. In traditional microeconomics, hospital consolidation can move them along their average cost curves toward the efficient scale, mainly by reducing duplication of administrative and clinical services. Additionally, consolidation can facilitate joint procurement, investments in informational systems, and standardized processes, all of which contribute to productive efficiency.

However, while the structure–conduct–performance (SCP) framework and related industrial organizational models highlight a natural trade-off: as concentration increases, there is often a decline in pressure for price and quality discipline from competition [9]. The Herfindahl–Hirschman Index (HHI), a standard measure of market concentration, has been shown in multiple studies to be positively linked with hospital prices [10,11]. As consolidation drives markets into high-HHI ranges, hospital organizations gain monopoly power that prevents them from negotiating higher reimbursement rates from insurers without simultaneous improvements in quality.

RAND Hospital Data Evidence (2015–2025) confirms this trend. In metropolitan markets, consolidated markets experience 11–54% average price increases compared to unconsolidated ones [3]. The impact remains even after adjusting for regional cost differences and case mix, indicating that scale efficiencies are often offset or even reversed by reduced competition.

The core organizational features of healthcare exaggerate these distortions: asymmetric information, geographic immobility, and third-party payment shifts reduce consumer price responsiveness [12]. All of these lead to allocative inefficiency, as resources are allocated based on market power rather than marginal benefit.

Nevertheless, some mergers—like Yale New Haven Health's purchase of Saint Raphael Hospital—show that it is possible to achieve efficiencies under open governance and scrutiny [1]. The exceptions confirm that consolidation outcomes depend on market conditions, managerial motivation, and regulatory factors.

In short, both theoretical and empirical evidence agree on a subtle point: while hospital consolidation can achieve scale efficiencies in theory, it often reduces competitive discipline and increases costs in practice. The trade-off between productive efficiency and allocative efficiency is central to healthcare economics policy debates.

3. Discussion

The balance between efficiency gains and market concentration remains a common policy challenge. Consolidation can theoretically boost productive efficiency through resource pooling, but empirical research shows that these improvements rarely result in lower prices or increased patient access [3–5,10]. Instead, it enhances market power, leading to allocative inefficiency, higher prices and fewer choices for consumers.

The peculiarities of healthcare explain most of this disconnection. The demand is somewhat inelastic; consumers rely on third-party payers, and informational asymmetry makes price-based

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decisions difficult [12]. As a result, when markets become less competitive due to mergers, physicians can raise prices without concern about losing patients.

RAND Hospital Data (2015–2025) show that merged hospital markets with HHI levels above 2,500—typical antitrust thresholds for high concentration, experience post-merge price increases of 20–50%, with minimal improvements in quality and outcomes [3,10]. Therefore, although some efficiencies from operations are achieved, welfare losses outweigh the benefits at the system level.

To counter these impacts, stronger antitrust and transparency policies are necessary. Recent efforts by the Federal Trade Commission's Bureau of Economics aim to assess the competitive effects of physician group and healthcare facility mergers using retrospective empirical methods [13]. Conditionally approved mergers, linked to measurable cost and quality outcomes, can help balance efficiency goals with consumer protection. Additionally, broader access to hospital pricing data publicly, along with interoperable benchmarking systems, would enhance accountability.

Finally, realizing the positives of consolidation involves aligning hospital interests with societal well-being. This requires open-ended regulation, evidence-based evaluation, and ongoing scrutiny to ensure that consolidation improves affordability and efficiency rather than leading to market dominance.

4. Conclusion

Hospital consolidation is both a promise and a threat to the U.S. healthcare system. Although mergers can streamline administration and foster integration, efficiencies often do not reach patient care levels. Empirical evidence shows that consolidation tends to increase drug costs for patients and reduce competition in most cases [3–5,10].

This highlights a fundamental principle of health economics: efficiency only matters if it enhances welfare. To ensure that merger integration supports both economic and social goals, regulation must shift from structural review to ongoing performance monitoring. Greater FTC involvement, transparent pricing standards, and evaluation of economic effects after mergers are crucial to maintaining competition and spurring innovation.

Future research, particularly the ongoing econometric modeling with RAND Hospital Data (2015–2025), will be essential to measure these trade-offs. Data-driven insights into when consolidation improves or hampers efficiency will be key for policymakers aiming to balance system sustainability with consumer protection. In summary, hospital consolidation is a double-edged sword: a potential driver of operational efficiency that too often leads to allocative inefficiency. Achieving the right balance requires vigilance, transparency, and a commitment to aligning market performance with the common good.

Author Note: This analytical essay is part of an ongoing research project examining the economic efficiency of hospital consolidation using RAND Hospital Data (2015–2025). A comprehensive empirical version with econometric modeling is in preparation.

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