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Optimizing Workforce Planning to Reduce Outsourcing of Clinical Roles in Physician Practices

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College of Management and Human Potential

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Optimizing Workforce Planning to Reduce Outsourcing of Clinical Roles in Physician
Practices

by

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Abstract

The increasing reliance on outsourcing of clinical roles in physician practices has raised concerns regarding continuity of care, staff morale, and organizational control over service quality. While outsourcing may offer temporary financial relief, outsourcing often introduces inefficiencies and declines in patient satisfaction. In this integrative review, I identified workforce planning strategies that reduce outsourcing reliance while enhancing organizational efficiency and patient care outcomes. Using the Johns Hopkins evidence appraisal tools, I analyzed sources published between 2022 and 2025 grounded in resource dependency and Herzberg's two-factor theories. Five thematic areas emerged: organizational efficiency, patient satisfaction, cost management, staff morale and engagement, and strategic risk. These themes highlight the need for internal workforce development and strategic human resource investments to reduce vendor dependency. Specifically, subthemes, such as predictive workforce analytics and cross-training, are essential for building internal resilience and reducing agency reliance. Additionally, integrating ambient AI and virtual scribes reduces administrative burden and clinician burnout, thereby preserving internal capacity. Implementing these strategies mitigates care fragmentation and aligns physician practices with value-based performance goals by enhancing relational continuity and patient satisfaction. Sustainable workforce planning improves care coordination and strengthens clinical performance. These findings have implications for leadership decision-making by prioritizing internal workforce stability, health workforce policy by reinforcing retention and continuity-focused staffing approaches, and clinical practice by showing stable care teams improve continuity and the ability to address social determinants of health.

Part 1: Practice-Based Problem

Problem of Interest

Outsourcing clinical roles has emerged as a widely adopted practice in physician groups, particularly among small- to mid-sized practices seeking to control operational costs and address persistent staffing shortages (American Medical Association [AMA], 2023; Medical Group Management Association [MGMA], 2023). Roles frequently outsourced include medical scribes, patient referral coordinators, prior authorization specialists, and even clinical care coordinators—functions essential to the smooth operation of ambulatory care settings. While outsourcing is often justified as a pragmatic solution to workforce instability and rising overhead, this approach presents significant trade-offs in terms of quality, accountability, and organizational cohesion. In the *Mayo Clinic Proceedings*, it was warned that turning clinical services over to third-party providers often means relinquishing control over care delivery, which is a situation linked to medical errors, variability in care standards, and lower patient and employee satisfaction (Berry et al, 2021).

The core issue stems from the fact that outsourced clinical staff - often employed by external agencies or located offshore - are not fully embedded within the culture, training systems, or performance expectations of the host organization, which contributes to communication breakdowns and workflow misalignment (Berry et al., 2021; Ahmed & Brown, 2023; Lopez & Harrison, 2023). This disconnection can lead to breakdowns in communication, inconsistencies in documentation, and reduced responsiveness to patient needs. For example, outsourced scribes unfamiliar with an electronic medical record

(EMR) system may generate documentation errors that delay billing or require provider corrections, ultimately increasing the administrative burden on in-house staff (Berry et al., 2021). Pozdnyakova et al. (2021) found that outsourced scribes unfamiliar with EMR systems increased the rates of delayed note finalization and introduced inconsistencies in documentation quality, directly impacting provider efficiency. Moreover, the use of contracted personnel for patient-facing roles introduces variability in patient experience because these workers are typically excluded from continuous improvement processes and organizational accountability structures.

Beyond clinical documentation, outsourcing patient engagement roles, such as referral coordination or prior authorization, has been associated with increased patient complaints and reduced responsiveness. A 2023 survey from the Medical Group Management Association (MGMA; 2024) indicated that nearly 36% of medical practices plan to outsource or automate revenue cycle functions, including care coordination, by 2025. However, studies have shown that such transitions, when not properly integrated, often lead to care delays, miscommunication, and diminished trust between patients and providers (Gidwani et al, 2017).

At a broader level, reliance on outsourcing reflects a deeper failure in strategic workforce planning. Physician practices—unlike large hospital systems—often lack formalized human resource infrastructure, workforce analytics, or retention strategies needed to develop and sustain in-house clinical talent (Kirchhoff et al., 2023; Medical Group Management Association [MGMA], 2023; National Academy of Medicine [NAM], 2022). In the absence of such planning, outsourcing becomes a default strategy

rather than a deliberate, cost-effective choice. This reactive posture undermines practice resilience and exposes the organization to financial and reputational risks associated with poor patient outcomes, staff turnover, and noncompliance with regulatory standards (MGMA, 2023).

From a systems perspective, outsourcing of core clinical functions also runs counter to healthcare's movement toward integrated, value-based care. Effective care coordination, patient engagement, and team-based care models depend on strong internal relationships, shared values, and organizational alignment—conditions that are difficult to cultivate when critical roles are filled by external vendors (Berry et al., 2021; Khatri et al., 2023; Lopez & Harrison, 2023). As more physician practices engage in alternative payment models that reward outcomes over volume, the misalignment introduced by outsourcing poses a growing operational liability (American Medical Association [AMA], 2023; Berry et al. 2021).

Thus, the problem of interest was not simply the act of outsourcing itself, but the systemic failure to implement sustainable workforce planning strategies that prioritize internal capacity-building and long-term operational resilience. This integrative review was warranted to explore how physician practices can transition away from dependency on outsourced clinical roles by adopting internal workforce strategies that improve efficiency, support team integration, and enhance patient-centered care delivery.

Healthcare Administration Problem

Despite the growing reliance on outsourcing in physician practices, a lack of sustainable workforce planning strategies to retain clinical functions internally has led to

workflow inefficiencies, reduced employee engagement, and lower patient satisfaction (Barati et al., 2023; Berry et al, 2021; Lopez & Harrison, 2021). Many small- to mid-sized practices operate without the infrastructure necessary to support proactive workforce development, such as human resource analytics, structured training programs, and retention pipelines (MGMA, 2023). As a result, these organizations default to outsourcing as a short-term cost-saving measure, even though evidence suggests this leads to greater long-term operational challenges, including increased turnover and decreased care coordination (Gidwani et al., 2017; Pozdnyakova et al., 2021). Patient-facing roles – when filled by external vendors – often fall outside of quality improvement protocols and organizational culture, contributing to inconsistency in service delivery and a diminished patient experience (Ahmed & Brown, 2023). Without investment in internal workforce capacity, physician practices are vulnerable to systemic fragmentation, especially as healthcare models shift toward value-based care, where continuity, communication, and integrated teams are essential.

Background

The practice of outsourcing in healthcare, particularly within physician practices, has evolved from a marginal operational tactic into a widespread organizational strategy. Historically, physician practices maintained lean, in-house teams that managed clinical and administrative functions; however, in the last 2 decades, systemic challenges—including escalating labor costs, regulatory burden, technological demands, and provider burnout—have pressured many practices to explore nontraditional staffing models (AMA, 2023; MGMA, 2023). One such model is outsourcing, where external vendors or

contractors are used to fill clinical roles, such as medical scribes, referral specialists, prior authorization coordinators, and even care navigators. This shift was further accelerated by the COVID-19 pandemic, which intensified workforce shortages and exposed the fragility of many outpatient practice staffing infrastructures (Kaiser Family Foundation, 2022).

While outsourcing has provided short-term relief for practices struggling with recruitment and overhead, its long-term implications are increasingly under scrutiny. Evidence has shown that outsourcing often leads to fragmented communication, weakened provider-patient relationships, and a decline in overall care coordination (Berry et al. 2021; MGMA, 2024). Studies grounded in Donabedian's quality framework have been particularly influential in highlighting the relationship between care structure, processes, and outcomes. Berry et al. (2021) concluded that outsourced clinical personnel frequently lack familiarity with the organization's workflows, resulting in compromised safety and fragmented care delivery. Their findings suggest that the quality of care is inherently tied to organizational cohesion—something that is diminished when core functions are transferred to external actors.

This concern is further echoed by Lopez and Harrison (2022), who found that outsourcing may yield initial cost savings but leads to long-term reductions in patient satisfaction, clinical quality, and organizational reliability. Their mixed-methods study highlighted how outsourced staff often operate outside the established culture and quality protocols of the practice, undermining continuity and reducing the effectiveness of team-based care. In an era where value-based reimbursement models reward practices for

coordination, communication, and patient-centered outcomes, outsourcing introduces dissonance between performance expectations and delivery capability (AMA, 2023).

From a workforce management perspective, outsourcing also disrupts employee morale and team cohesion. Singh (2024), using Herzberg's two-factor theory, noted that hybrid staffing models—where internal teams work alongside outsourced contractors—led to diminished engagement and increased turnover. Internal staff perceived inequities in training, oversight, and recognition and reported difficulty in forming cohesive care teams. These morale challenges contribute to further attrition, leading to a vicious cycle of dependency on external labor and instability in team performance. Similarly, the a 2023 Stat Report, MGMA (2023) found that practices with higher outsourcing rates experienced lower staff satisfaction and higher turnover among internal team members.

In addition to human capital concerns, operational consequences of outsourcing have been observed across specific service domains. Chang and Patel (2024) found that outsourcing diagnostic services frequently resulted in delayed test results and breakdowns in interdisciplinary communication—factors that significantly compromised patient outcomes. Horne-Thompson et al. (2022) showed that internally managed aged care services outperformed outsourced counterparts on key indicators, like fall rates and length of stay. Furthermore, Pozdnyakova et al. (2021) reported that outsourced scribes unfamiliar with EMR systems increased documentation delays, leading to billing inefficiencies and provider dissatisfaction. Together, these studies provide compelling evidence that internal clinical operations are more reliable, integrated, and responsive to patient needs than outsourced equivalents.

Strategically, the issue of outsourcing reveals a deeper problem: the absence of sustainable workforce planning within physician practices. Many small- to mid-sized practices lack dedicated human resource infrastructure and analytics, limiting their ability to forecast staffing needs, invest in talent pipelines, or implement succession planning (Baratie et al., 2023; MGMA, 2023). According to Borowska et al. (2020), cost remains the primary driver for outsourcing decisions, often outweighing concerns about care quality or long-term organizational capacity. This short-sighted approach undermines strategic alignment and exposes practices to reputational, financial, and compliance risks.

Barati et al. (2022) emphasized the importance of structured decision-making models when evaluating outsourcing options. They proposed a set of criteria for hospital leaders to systematically assess the appropriateness and consequences of outsourcing clinical services. However, such models are not yet widely adopted in physician practices, where decisions are often made reactively rather than strategically. The absence of structured evaluation processes contributes to repeated outsourcing errors and a chronic underinvestment in internal capacity-building.

Technological outsourcing further complicates the landscape. The AMA (2023), applying the resource-based view, cautioned against the misalignment of outsourced tech services with organizational mission and clinical priorities. They recommended the implementation of performance metrics and oversight structures to ensure that outsourcing partnerships do not erode core capabilities. This is particularly relevant in physician practices adopting telehealth, AI-enabled scribing, or remote patient monitoring—all of which require tightly integrated workflows to be effective.

In summary, while outsourcing may appear to be a solution to rising costs and labor shortages, the evidence shows that it often leads to deeper systemic dysfunctions. Declines in care quality, staff morale, and organizational continuity are consistent themes across the literature. More importantly, these outcomes are not isolated, they reflect a broader failure in workforce planning and strategic human resource management. Physician practices, unlike large integrated delivery systems, are particularly vulnerable due to their limited infrastructure and smaller scale. To thrive in a value-based, patient-centered environment, these practices must shift away from reactive outsourcing and toward proactive internal workforce strategies that emphasize integration, retention, and long-term sustainability.

Operational Problem

Recent studies have underscored that the continued reliance on outsourced clinical roles has measurable consequences for healthcare quality and organizational performance. Barati et al. (2023) reported that patient satisfaction scores declined in practices that outsourced care coordination functions, primarily due to miscommunication and inconsistencies in follow up. Similarly, Lopez and Harrison (2021) observed that outsourced scribes often required more training time and introduced documentation errors that reduced provider productivity. Berry et al. (2021) found that internal staff morale declined in organizations that outsourced key clinical roles because it led to perceptions of inequity and exclusion. These findings demonstrate that while outsourcing may offer financial relief, it poses risks to operational stability and care delivery outcomes. A

strategic shift is needed—one that centers on sustainable internal workforce development and reduces dependency on third-party clinical support services.

Ideal State of Operations

The ideal operational state for physician practices is one in which a stable, internally trained, and engaged clinical workforce supports all essential functions of care delivery. According to the National Academy of Medicine (NAM; 2022), organizations that maintain workforce stability and alignment between personnel and organizational mission tend to demonstrate higher quality of care and greater resilience in the face of system-wide stressors. In this ideal model, clinical functions are consistently carried out by individuals who are fully embedded within the practice's workflows and quality standards. These individuals demonstrate a strong sense of role clarity, shared purpose, and accountability within the care team. The result is an operational environment characterized by high levels of team cohesion, trust, and continuity, which supports both positive patient experiences and sustained clinical performance.

Professional Practice Gap Statement

Despite the growing reliance on outsourcing in physician practices, there is a lack of strategies aimed at sustainable workforce planning to retain clinical functions internally. Research indicates that outsourcing is associated with up to 25% lower continuity-of-care scores and 20% higher patient dissatisfaction, underscoring its detrimental impact on patient outcomes and organizational cohesion (Kirbey & Singh, 2022; Lopez & Harrison, 2021). The absence of sustainable internal workforce planning in physician practices has led to overreliance on outsourced clinical roles, contributing to

fragmented workflows, poor communication, and diminished patient satisfaction. As a result, many practices are unable to meet internal benchmarks for service quality, such as maintaining complaint rates below 10% or achieving employee engagement rates above 75%. Evidence-based workforce development strategies are needed to mitigate these risks and establish internal teams capable of supporting efficient and high-quality care delivery (Barati et al., 2023; NAM, 2022).

Summary of Evidence

An emerging body of literature emphasizes the risks associated with outsourcing clinical functions in physician practices. Berry et al. (2021) highlighted that outsourced personnel often lack EMR training specific to the practice's system, resulting in documentation inconsistencies and provider frustration. Ahmed and Brown (2023) found that patient complaints related to responsiveness and communication increased when care coordination was handled by offshore teams. Williams and Garcia (2023) reported that organizations investing in internal workforce pipelines, including clinical assistantship programs and training partnerships, saw a marked improvement in both employee retention and patient satisfaction. Collectively, the literature shows that physician practices can mitigate the negative consequences of outsourcing by adopting proactive workforce planning strategies that emphasize internal capacity building, interdisciplinary training, and staff engagement.

Purpose of the Integrative Review

The purpose of this integrative review was to identify operational workforce planning strategies that reduce reliance on outsourcing clinical roles in physician

practices. By synthesizing evidence on internal capacity building, workforce retention, and quality-focused staffing models in this review, I aimed to support healthcare leaders in developing sustainable human capital strategies that improve organizational efficiency, enhance employee morale, and promote better patient outcomes. In doing so, I address a critical knowledge gap in the literature by evaluating which workforce strategies most effectively support care continuity and reduce operational fragmentation caused by outsourced personnel. This review also includes a structured analysis of how internally managed clinical roles impact staff cohesion, patient satisfaction, and long-term financial sustainability, especially within small- to mid-sized practices. Furthermore, the findings of this review may serve as a practical guide for healthcare administrators to realign organizational strategy with value-based care principles and strengthen internal workforce resilience. Ultimately, with this study I contribute to the broader discourse on healthcare quality improvement by proposing evidence-based, scalable solutions that mitigate the risks associated with clinical outsourcing while advancing equitable and patient-centered care delivery.

Integrative Review Question

What operational workforce planning strategies can reduce reliance on outsourcing clinical roles in physician practices while improving organizational efficiency and patient outcomes?

Theoretical and/or Conceptual Framework

This integrative review was grounded in two theoretical perspectives: resource dependency theory and Herzberg's two-factor theory. In the resource dependency theory,

it was posited that organizations seek to minimize external vulnerabilities by internalizing control over critical resources; in this context, outsourcing clinical roles represents an overreliance on external labor, which undermines organizational autonomy and adaptability (Pfeffer & Salancik, 1978). In the two-factor theory, Herzberg (1959) explained that employee satisfaction and motivation are derived from intrinsic factors, such as achievement, recognition, and professional growth. Outsourced staff are typically excluded from organizational development pathways, which results in lower job satisfaction and productivity. These frameworks jointly underscore the strategic importance of investing in an internal workforce that is empowered, supported, and aligned with the organization's goals. They also provide a lens through which to assess the organizational impact of outsourcing and the value of internal workforce planning.

Part 2: Literature Review, Quality Appraisal, and Analysis

To address the following integrative review question, I conducted a systematic literature search across multiple databases and search engines, focusing on publications between January 2022 and August 2025: What operational workforce planning strategies can reduce reliance on outsourcing clinical roles in physician practices while improving organizational efficiency and patient outcomes?

Literature Search Strategy

Primary academic databases searched included PubMed, CINAHL Plus with Full Text, ProQuest Health Management, ScienceDirect, and Business Source Complete. I also used Google Scholar to capture relevant gray literature and recent professional reports from organizations such as the AMA and the NAM. Initial searches of these databases yielded over 600 results, which were systematically screened for relevance.

I structured key search terms to cover the three domains, connected by Boolean operators (e.g., AND, OR):

- Outsourcing and contract staffing: *outsourcing, contract staffing, temporary clinical staff*
- Healthcare and physician practice settings: *physician practices, “ambulatory care, medical group practice*
- Workforce planning and organizational outcomes: *workforce planning, “staffing strategies,” “operational efficiency, patient satisfaction*

I employed advanced search techniques, such as truncation (e.g., *outsource*) and phrase searching. Inclusion criteria required studies to be peer-reviewed, published in

English, and directly focus on workforce strategies or outsourcing in physician/clinical practice settings, with outcomes related to efficiency, stability, continuity of care, or patient satisfaction. Exclusion criteria eliminated publications before 2022, nonhealthcare industry studies, and opinion pieces lacking empirical evidence. The initial searches yielded a high number of results (e.g., 212 in PubMed, 145 in CINAHL), which were subsequently refined using the specific filters to ensure a comprehensive and contemporary body of literature. The rigorous application of inclusion and exclusion criteria (detailed in Table 1) resulted in a final selection of 21 sources deemed to be of high or good quality for inclusion in the integrative review.

Table 1*Inclusion and Exclusion Search Criteria*

Inclusion search criteria	Exclusion search criteria
<ul style="list-style-type: none"> • Studies published between January 2022 and August 2025. • Peer-reviewed journal articles, systematic reviews, and professional reports. • Focus on physician practices, ambulatory care, or medical group practices. • Research addressing outsourcing measured in terms of organizational efficiency, workforce stability, continuity of care, or patient satisfaction. • Publications in English. 	<ul style="list-style-type: none"> • Studies before 2022. • Nonpeer-reviewed sources, editorials, or opinion pieces lacking empirical evidence. • Studies focused exclusively on hospitals, long-term care, or non-healthcare industries. • Studies unrelated to workforce optimization or not involving clinical roles. • Studies with outcomes unrelated to patient care quality, organizational efficiency, or workforce sustainability. • Non-English language publication.

Quality Appraisal

The systematic appraisal confirmed a rigorous evidence base consisting of 13 empirical studies (Levels II and III) and eight nonresearch sources (Level V). This ensured the evidence primarily consists of Level II quasi-experimental studies (e.g., community trials) and Level III nonexperimental studies (e.g., cross-sectional observational cohort, and qualitative studies), supplemented by Level V nonresearch evidence, such as systematic review and policy reports. The empirical studies comprised eight Level II sources (e.g., modeling, qualitative, and theoretical/empirical hybrid

studies) focusing on decision models and physician perspectives. The nonresearch evidence consisted of eight Level V sources, including systematic and scoping reviews, policy reports, and conceptual analyses, which provided high-level synthesis and policy context. The focus of the appraised literature strongly aligns with the problem of interest, specifically targeting physician practices and ambulatory care settings. Research predominantly addressed the operational consequences of clinical outsourcing, identifying issues, such as diminished continuity of care, lower patient satisfaction, and increased organizational dependence on external vendors.

Complementary studies have explored sustainable alternatives to outsourcing, focusing on proactive strategies, such as retention incentives, cross-training, and the strategic integration of technology (e.g., virtual scribes) to enhance internal capacity and workflow efficiency. The research domain primarily concerns health services administration, workforce planning, and quality improvement, with outcomes consistently measured by metrics, such as continuity-of-care indices, staff retention rates, and patient satisfaction scores. These findings are directly applicable to the conceptual framework. The demonstration of vendor dependency and heightened operational risk due to outsourcing supports resource dependency theory. The focus on retention, engagement, and internal development strategies, which are linked to improved efficiency, is consistent with the Herzberg's two-factor theory emphasis on intrinsic motivators.

Despite the strong evidence base, limitations were noted, including an overrepresentation of studies from European and hospital settings, which necessitates

cautious generalization to U.S. physician practices. Furthermore, limited longitudinal research exists that directly compares the long-term effectiveness of internal capacity strategies versus outsourcing.

Thematic Analysis of Literature

I performed thematic analysis on the synthesized evidence to extract key codes and construct overarching themes and subthemes related to mitigating outsourcing and improving operational efficiency. Initial codes were derived from the Operational Lever and Findings sections of the appraised literature (Appendices E and F). These codes, such as stable teams, relational continuity, agency reliance, virtual scribes, structured models, and value-based contracts, were then grouped based on conceptual similarity to construct five high-level themes (see Tables 2 and 3).

Table 2*Total Number of Themes and Subthemes from Appendix D*

Themes	Subthemes
Workforce stability and retention	Stable teams, staff retention, equitable pay, internal staffing, agency reliance, internal float pools, workforce analytics, cross-training, policy reform, workforce stability
Continuity of care/care coordination	Continuity metrics, patient outcomes, relational continuity, care fragmentation, access vs continuity, integrated models, continuity-first scheduling, trust/engagement, care coordination, internal continuity, patient satisfaction
Technology integration (AI/EHR efficiency)	Virtual scribes, EHR efficiency, ambient AI, administrative outsourcing, EHR systems
Strategic outsourcing and risk management	Performance monitoring, risk modeling, vendor diversification, supply chain resilience, operational risk, contingency protocols, selective outsourcing, structured models, internal control, HR factors, outsourcing framework, internal readiness, hybrid governance, strategic control
Value-based and financial alignment	Value-based contracts, cost control, resource efficiency

Table 1*Integrative Review Themes and Subthemes*

Themes and subthemes	Relationship to theory
Workforce stability and retention <ul style="list-style-type: none"> • Stable teams • Staff retention • Agency reliance • Cross-training 	Herzberg's two-factor theory: Directs investment into retention/cross-training (satisfiers) to improve morale, engagement, and internal capacity, reducing the need for outsourced staff (dissatisfiers).
Continuity of care/care coordination <ul style="list-style-type: none"> • Relational continuity • Continuity-first scheduling • Patient satisfaction • Care coordination 	Resource dependency theory: Promotes internal control over care coordination (a critical resource) to strengthen organizational performance and prevent the quality degradation associated with outsourcing fragmentation.
Technology integration (AI/EHR efficiency) <ul style="list-style-type: none"> • Virtual scribes • Ambient AI • EHR efficiency 	Herzberg's two-factor theory: Uses technology to reduce administrative burden (a hygiene factor/dissatisfier) on internal clinical staff, improving job satisfaction and limiting the need to outsource documentation roles.
Strategic outsourcing and risk management <ul style="list-style-type: none"> • Structured models • Vendor dependency • Strategic control • Risk modeling 	Resource dependency theory: Emphasizes strategies (modeling, diversification, to mitigate vendor dependency and maintain strategic control over core functions, thereby limiting external vulnerability.
Value-based and financial alignment <ul style="list-style-type: none"> • Value-based contracts • Cost control • Resource efficiency 	Resource dependency theory: Aligns financial incentives with quality and outcomes, demonstrating that insourcing stable, high-performing teams (critical resources) is financially superior to cost-only driven outsourcing.

Note. The five emerging themes provide a comprehensive framework for addressing the review question, outlining operational strategies that shift focus from reactive outsourcing to proactive internal capacity building.

Part 3: Presentation of Results

The findings of this integrative review reveal a multidimensional and interdependent set of operational, workforce, and governance factors that influence whether physician practices rely on outsourced clinical roles. Across the 21 studies reviewed, five dominant themes emerged: workforce stability and retention, continuity of care and care coordination, technology integration, strategic outsourcing and risk management, and value-based and financial alignment. According to the thematic synthesis by Khosravi et al. (2025), transparency, quality monitoring, and internal readiness are primary determinants of how successfully an organization can manage these operational levers. Together, these themes describe a cohesive set of operational levers that either support or undermine internal capacity.

The analysis demonstrated that outsourcing is typically a downstream response to internal workforce deficits rather than a standalone strategic decision. Practices that proactively addressed staffing, continuity, governance, and technological efficiency exhibited significantly lower dependence on third-party vendors. For example, Kirchhoff et al. (2023) identified that outsourcing on proactive workforce and internal task redistribution can reduce agency staffing reliance by as much as 30%. Conversely, organizations that lack internal training pipelines, clear role expectations, or continuity protocols experienced higher workflow disruptions and reported greater use of external staffing solutions (Khatri et al., 2023; Lopez & Harrison, 2023). Importantly, multiple studies indicated that outsourcing patient-facing roles introduces operational and clinical

risks that frequently outweigh short-term cost savings, particularly in environments transitioning to value-based reimbursement (Berry et al., 2021; McDonald et al., 2024).

Workforce Stability and Retention

Workforce stability and retention emerged as the central theme influencing an organization's reliance on outsourcing. Practices with stable internal staffing structures consistently demonstrated reduced turnover, greater operational predictability, and reduced dependence on agency or contract labor (Ferreira et al., 2024; Hughes et al., 2024). Across multiple studies, researchers emphasized that practices with strong retention strategies, such as equitable compensation, structured onboarding, and internal advancement opportunities, were far less likely to contract outsourced clinical support. For example, Kirchhoff et al. (2023) focused on proactive workforce forecasting and internal task redistribution, reducing agency staffing reliance by 30%. This theme's subcomponents, including stable teams, cross-training, internal float pools, and predictive analytics, work together to strengthen internal resilience. Stable teams develop shared workflows, communication patterns, and expectations, fostering trust and improving care coordination.

Cross-training proved particularly impactful, enabling staff to cover multiple roles in response to fluctuating demand and reducing the need for temporary or contract workers, while workforce analytics further supported stability by identifying turnover risks and forecasting staffing requirements before crises occur (Kirchhoff et al., 2023; Lin et al., 2023). Several studies linked strong retention practices to lower burnout, which contributes to reduced outsourcing demand (MGMA, 2023; Singh, 2024). Moreover, the

literature highlighted that outsourcing often exacerbates internal staff dissatisfaction by creating inequities between contract workers and permanent staff (Singh, 2024). In a policy analysis, Singh (2024) noted that external contractors may reduce team cohesion and engagement, leading to morale issues and a fragmented culture. Berry et al. (2021) cautioned that outsourcing core clinical functions risks erosion of institutional knowledge, professional identity, and long-term creative capacity. Overall, this theme suggests that internal workforce stability is both the foundation and prerequisite for minimizing outsourcing.

Workforce stability also plays a critical role in preserving organizational knowledge, a factor repeatedly cited as essential in mitigating the operational disruptions that often accompany outsourcing transitions (Hughes et al., 2024; Kirchhoff et al., 2023). Practices with low turnover retain staff who understand the nuances of patient populations, workflow sequences, documentation practices, and interdepartmental communication – knowledge that is difficult for outsourced personnel to replicate quickly or consistently (Khatri et al., 2023; Lopez & Harrison, 2023). Berry et al. (2021) cautioned that outsourcing functions previously performed in-house can erode organizational competencies, institutional knowledge, relational continuity, and long-term capacity for innovation. By retaining experienced internal staff, organizations avoid the repetitive onboarding cycles, variable training standards, and workflow inconsistencies introduced by external vendors and agency personnel (Singh, 2024; Spieske et al., 2022). Furthermore, stable internal teams facilitate long-term quality improvement initiatives because team members who remain with the practice can sustain

cycles of process refinement, feedback integration, and performance optimization over time (Hughes et al., 2024; Lin et al., 2023). This continuity of internal expertise strengthens clinical efficiency, reduces errors, and accelerates the adoption of new technologies or care models by leveraging shared institutional memory and established communication norms (Rotenstein et al., 2024; Shah et al., 2025). In contrast, outsourced teams – especially those working remotely or employed by staffing agencies – often lack the contextual understanding necessary to contribute meaningfully to long-term improvement efforts (Berry et al., 2021; Lopez & Harrison, 2023). Internal workforce stability thus enhances not only day-to-day operations but also the organization’s strategic adaptability in response to evolving clinical, technological, and reimbursement demands (Khosravi et al., 2025). The cumulative evidence reinforces that strengthening internal retention is not simply a human resources strategy but a foundational organizational competency that directly reduces the need for outsourced staffing solutions.

Continuity of Care and Care Coordination

Continuity of care and care coordination emerged as a second major theme that directly influences clinical quality and the organization’s reliance on outsourcing. Multiple studies consistently demonstrated that outsourcing clinical or administrative roles disrupts relational continuity, increases care fragmentation, and introduces communication gaps (Kajaria-Montag et al., 2024; Lopez & Harrison, 2023). For instance, Lopez and Harrison (2023) found that clinical outsourcing correlated with 25% lower continuity of care and 20% higher dissatisfaction scores. Subthemes, such as

continuity-first scheduling, integrated communication workflows, and trust-building, illustrate how continuity protects internal workflows from disruption. Practices that prioritized continuity ensured that patients interacted with familiar staff members who understood their histories, preferences, and clinical needs.

Research has shown that continuity-first scheduling reduces duplication, improves patient satisfaction, and enhances care coordination (Burch et al., 2024; Goff et al., 2025). Care coordination – a core function often outsourced – performed best when internal teams deeply understood the practice’s workflows and communication culture. Internal care coordination outperformed outsourced models by enabling shared situational awareness and rapid, informal communication, which are elements essential for high-functioning ambulatory care (Khatri et al, 2023). Outsourcing these tasks, conversely, frequently resulted in delayed follow-up and inconsistent messaging. Several studies emphasized that continuity is essential for meeting value-based care expectations because relational consistency improves quality metrics and patient engagement. The mutual benefit of continuity is evidenced by findings that strong continuity of care correlated with reduced admissions and improved patient satisfaction (Burch et al., 2024; Kajaria-Montag et al., 2025). The literature suggests that continuity is both a marker of high-functioning internal teams and a protective factor against the fragmentation introduced by outsourcing.

Continuity of care also plays a pivotal role in sustaining clinical accuracy and reducing avoidable system-level inefficiencies, further reinforcing why internal workforce models outperform outsourced arrangements (Lopez & Harrison, 2023;

McDonald et al., 2024). When staff members maintain long-term relationships with both patients and the broader care team, they develop a nuanced understanding of patient trends, psychosocial contexts, and communication preferences, which are elements that outsourced personnel rarely have the time or proximity to learn (Burch et al., 2024; Kajaria-Montag et al., 2025). Relational continuity of care, defined by the sustained therapeutic relationship between a patient and their clinician, is strongly associated with improved patient outcomes, fewer hospital admissions, lower mortality, reduced healthcare costs, and enhanced patient experience (National Institutes of Health, 2025). This accumulated relational knowledge supports more effective clinical decision making and mitigates the risk of redundant testing, missed follow-up tasks, or poorly coordinated transitions in care, which are outcomes frequently observed in fragmented or outsourced care models (Khatri et al., 2023; Lopez & Harrison, 2023). Internal continuity also enhances the reliability of interdisciplinary communication because stable teams are better equipped to engage in rapid, informal, and context-rich exchanges that support coordinated care delivery and timely problem resolution (Hughes et al., 2024; Kajaria-Montag et al., 2024).

Outsourced staff, particularly those operating remotely or across organizational boundaries, often lack access to these informal communication channels, resulting in delayed information transfer and increased reliance on formal documentation alone (Berry et al., 2021; Change & Patel, 2024). Several studies have further suggested that internal continuity reduces the cognitive burden on providers by lowering the need to repeatedly orient external personnel to individualized workflows or patient nuances,

thereby improving efficiency and reducing error risk (Rotenstein et al., 2024; Singh, 2024). Moreover, continuity facilitates stronger patient trust, which is associated with improved disclosure, increased adherence to care plans, and more efficient encounters (Goff et al., 2025; Kajaria-Montag et al., 2025). Trust-based relationships are cumulative and relational, developing over repeated interactions with familiar clinicians and staff rather than through episodic or transactional encounters (Fox et al., 2024). Outsourcing interrupts these trust-based relationships, requiring patients to repeatedly reestablish rapport with unfamiliar staff and decreasing their sense of care cohesion (Ahmed & Brown, 2023; Lopez & Harrison, 2023). Ultimately, the evidence indicates that continuity is a core structural asset that sustains both operational efficiency and clinical quality, underscoring its centrality in reducing outsourcing dependence and supporting long-term organizational performance (Khosravi et al., 2025; McDonald et al., 2024).

Technology Integration (AI/EHR Efficiency)

Technology integration emerged as a transformative operational theme, showing that advanced digital tools can reduce administrative workload and serve as viable internal alternatives to outsourcing (AMA, 2023; Rotenstein et al., 2024; Shah et al., 2025). Studies published from 2023 to 2025 documented that ambient AI virtual scribes, structured documentation templates, and automated task routing significantly lowered administrative burden while preserving internal workflow alignment (Rotenstein et al., 2024; Shah et al., 2025). Rotenstein et al. (2024) found that implementing virtual scribes reduced physician documentation time by 25% and afterhours EHR use by 28%, outcomes directly associated with lower burnout and improved clinician satisfaction.

Subthemes, such as ambient AI, automated referral management systems, digital triage tools, and EHR optimization, demonstrated that technology improves workflow efficiency while supporting internal staffing models rather than external substitution (Karakolias, 2024; Lin et al., 2023). Ambient AI reduced afterhours charting, decreased burnout, and allowed clinicians to focus more on direct patient interaction, reinforcing the role of technology as a workforce stabilizer rather than a replacement mechanism (Rotenstein et al., 2024; Shah et al., 2025). Virtual scribes embedded within the EHR environment were shown to outperform outsourced scribe services by improving accuracy, standardization, and alignment with internal workflows and quality expectations (Berry et al., 2021; Rotenstein et al., 2024).

Automated referral systems also reduced the need for external administrative staff by improving turnaround times and documentation reliability, and task visibility across care teams (Change & Patel, 2024; Khatri et al, 2023). The theme of technology integration interacts with Herzberg's two-factor theory because efficient tools reduce hygiene-related dissatisfiers, such as repetitive charting, administrative overload, and workflow inefficiencies, that contribute to staff dissatisfaction and turnover (see Herzberg, 1959; Singh, 2024). Furthermore, technology supports continuity by ensuring standardized communication and documentation processes, reducing variability and fragmentation often introduced by external or outsourced staff (Kajaria-Montag et al., 2024; Lopez & Harrison, 2023). Shah et al. (2025) found that physicians reported AI scribes not only decreased administrative stress and improved patient engagement, reinforcing the dual operational and relational benefits of internally governed technology

solutions. Ultimately, the theme demonstrates that digital infrastructure is a critical internal asset that reduces outsourcing by improving internal efficiency, reliability, and staff satisfaction (see AMA, 2023; Khosravi et al., 2025).

Technology integration also strengthens organizational resilience by reducing reliance on variable human processes and enabling more predictable, standardized workflows across clinical and administrative functions (Lin et al., 2023; Spieske et al., 2022). By embedding automated prompts, clinical decision-support tools, and real-time task tracking within the EHR, practices can maintain consistent performance even during periods of staffing fluctuation or increased demand (Agency for Healthcare Research and Quality, n.d.; Lin et al., 2023). The Agency for Healthcare Research and Quality (n.d.) indicated that digitizing healthcare processes can improve standardization and efficiency of clinical workflows while reducing errors and overall costs across care settings. These tools create a more reliable operational environment by reducing errors, preventing missed follow-up tasks, and ensuring that information flows seamlessly across care teams (Chang & Patel, 2024; Khatri et al., 2023). Several studies highlighted that digital tools enhance interdisciplinary collaboration by enabling shared dashboards, structured handoff tools, and automated alerts, which are features that outsourced staff may not fully utilize due to limited system access, inconsistent training, or contractual boundaries (Berry et al., 2021; Hughes et al., 2024).

Advanced analytics embedded within these systems also allow practices to track workload distribution, identify bottlenecks, and forecast staffing needs more accurately, thereby reducing the temptation to rely on outsourced labor during peak demand

(Kirchhoff et al., 2023; Lin et al., 2023). In addition, well-integrated technology platforms reduce the cognitive load on clinicians, who no longer need to navigate fragmented systems or manually reconcile information gaps often created by external vendors (Rotenstein et al., 2024; Singh, 2024). Digital tools further support equitable task distribution across staff, minimizing the risk of burnout and reinforcing workforce stability with internal employees (Hughes et al., 2024; Singh, 2024, 2024). Ultimately, the findings suggest that technology integration does more than improve efficiency—it fortifies internal capacity, strengthens quality assurance mechanisms, and reduces environmental and operational pressures that typically drive outsourcing decisions (Khosravi et al., 2025; Spieske et al., 2022).

Strategic Outsourcing and Risk Management

Strategic outsourcing and risk management emerged as a critical theme that reframes outsourcing as a governance issue requiring structured oversight rather than a simple staffing solution (Barati et al., 2022; Khosravi et al., 2025). Multiple studies cautioned that outsourcing introduces operational vulnerabilities, including inconsistent performance, documentation errors, workflow misalignment, and compromised accountability – particularly when oversight mechanisms are underdeveloped or absent (Berry et al., 2021; Chang & Patel, 2024; Khatri et al., 2023). Berry et al. (2021) highlighted that outsourcing clinical services can lead to care fragmentation, communication errors, and compromised safety, reinforcing the need for governance-based decision frameworks. Subthemes, such as structured outsourcing models, vendor dependency monitoring, risk modeling frameworks, hybrid governance structures, and

contract performance metrics, illustrate best practices for managing outsourcing decisions across healthcare settings (Barati et al., 2022; Karakolias, 2024; Uysal et al., 2024).

Structured outsourcing models help organizations assess whether outsourcing aligns with the practice's clinical, operational, and financial goals, rather than defaulting to cost-driven or reactive staffing decisions (Barati et al., 2022; Karakolias, 2024).

Risk modeling provides a systematic assessment of the likelihood and potential impact of outsourcing failures, including communication breakdowns, workflow disruption, or reduced care quality, allowing organizations to proactively mitigate exposure rather than respond retroactively (El Mokri & Aouam, 2022; Spieske et al., 2022). Hybrid governance models – where nonclinical roles or support functions may be selectively outsourced while clinical operations remain internal – enable organizations to preserve essential core competencies, continuity, and institutional knowledge while strategically leveraging external capacity (Karakolias, 2024; Uysal et al., 2024). The literature emphasized that poor oversight of outsourcing arrangements can erode organizational culture, reduce staff cohesion, and compromise continuity, particularly in patient-facing or coordination-intensive roles (Lopez & Harrison, 2023; Singh, 2024). According to Khosravi et al. (2025), thematic synthesis highlights transparency, quality monitoring, and internal readiness as determinants of outsourcing success. This theme demonstrates that outsourcing should be used selectively, guided by structured oversight, and limited to noncore roles where risks are manageable (Barati et al., 2022; Karakolias, 2024).

Strategic outsourcing decisions also rely heavily on the organization's capacity to maintain control over critical information flows, which becomes increasingly difficult when external vendors operate outside the internal communication ecosystem (Berry et al., 2021; Khatri et al., 2023). Several studies noted that outsourcing often creates parallel workflows that lack transparency, forcing internal staff to compensate for missing information, inconsistent documentation, or delayed task completion, thereby increasing workload and error risk (Chang & Patel, 2024; Lopez & Harrison, 2023). Spieske et al. (2022) found that increased vendor dependency heightened operational risk and weakened organizational resilience across healthcare supply chains, a dynamic that is directly applicable to healthcare staffing environments. This dynamic not only increases administrative burden but also heightens the potential for clinical errors when essential tasks are performed by contractors unfamiliar with localized protocols, organizational culture, practice culture, or patient populations (Berry et al., 2021; Khatri et al., 2023). Effective risk management requires practices to establish explicit communication pathways, standardized expectations, and escalation procedures that external vendors must follow to maintain continuity and safety (Barati et al., 2022; Uysal et al., 2024).

Additionally, organizations must evaluate vendor stability, financial health, turnover rates, and training standards, which are factors that significantly influence long-term performance but are often overlooked during contracting processes (Khosravi et al., 2025; Spieske et al., 2022). Several authors emphasized that internal leaders should routinely audit vendor performance using quality dashboards, outcome metrics, and patient feedback to ensure compliance with organizational objectives and quality

standards (Barati et al., 2022; Karakolias, 2024). Failure to implement these accountability mechanisms can result in “vendor lock-in,” a condition in which the organization becomes dependent on an external entity, loses internal knowledge capital, and faces reduced flexibility in adapting to operational or regulatory changes (Spieske et al., 2022; Uysal et al., 2024). Ultimately, the evidence suggests that strategic outsourcing is not merely about selecting a vendor but about ensuring the organization retains operational control, protects continuity, and mitigates the long-term risks associated with external dependency through deliberate governance and oversight structures (Barati et al., 2022; Khosravi et al., 2025).

Value-Based and Financial Alignment

Value-based and financial alignment surfaced as a major theme linking financial incentives with staffing strategies, demonstrating that internal workforce investments often outperform outsourcing under contemporary payment models (Karakolias, 2024; Lopez & Harrison, 2023; McDonald et al., 2024). The literature consistently showed that outsourcing undermines performance on metrics tied to value-based reimbursement, including patient satisfaction, care coordination, documentation accuracy, and timely follow up, which are domains that are central to quality scoring and shared-savings calculations (Burch et al., 2024; Khatri et al., 2023; Lopez & Harrison, 2023). While exceptions exist, the success of any external model relies on structural oversight. Carames et al. (2025) noted that hospitals using value-based outsourcing models showed lower mortality and shorter length of stay, demonstrating that specialized, outcome-focused contracts can mitigate typical outsourcing risks. However, the authors

emphasized that such outcomes require rigorous performance monitoring, contractual accountability, and alignment with organizational quality objectives, which are conditions that are not consistently present in physician practice outsourcing arrangements (Carames et al., 2025; Khosravi et al., 2025). Subthemes, such as value-based contracting, cost-benefit modeling, resource efficiency, and downstream financial impact, illustrate how financial structures increasingly favor internal staffing strategies that support continuity and coordination (Karakolias, 2024; McDonald et al., 2024). Practices with strong internal teams showed improved performance across quality indicators, including continuity metrics, patient experience scores, and utilization outcomes, which translated into higher reimbursement and incentive payments under value-based contracts (Burch et al., 2024; McDonald et al., 2024).

In contrast, practices that relied on outsourcing often incurred hidden costs due to increased errors, delays, duplicated work, and communication breakdowns, which negatively affected both quality scores and financial performance (Berry et al., 2021; Lopez & Harrison, 2023). Financial alignment interacts closely with the theme of workforce stability and continuity of care because both drive the quality metrics that influence reimbursement under value-based models (see Goff et al., 2025; Hughes et al., 2024). Several studies noted that value-based programs penalize practices that experience care fragmentation, which is an outcome frequently associated with outsourcing patient-facing or coordination-intensive roles (Khatri et al., 2023; Lopez & Harrison, 2023). The AMA (2023) similarly identified both risks and benefits of technology outsourcing and emphasized that financial success depends on stressed alignment with strategic goals,

governance structures, and internal capability development rather than cost reduction alone. Overall, this theme underscores that value-based environments incentivize internal workforce development, continuity, and accountability rather than reliance on externally contracted labor (see AMA, 2023; Karakolias, 2024).

Value-based and financial alignment also reshape organizational decision-making by shifting the focus from short-term cost savings to long-term return on quality, efficiency, and patient outcomes (Khosravi et al., 2025; McDonald et al., 2024). Several studies emphasized that internal workforce models provide more consistent, predictable performance under these reimbursement frameworks because they allow organizations to directly influence training, workflow integration, and accountability mechanisms (Hughes et al., 2024; Kirchhoff et al., 2023). McDonald et al. (2024) demonstrated that higher levels of clinic continuity are consistently associated with reduced emergency department utilization and lower hospital use, which represent major cost drivers in value-based models. In value-based environments, internal staff are better positioned to adapt to evolving performance requirements, such as closing care gaps, meeting preventive care targets, and improving population health metrics—tasks that outsourced personnel often struggle to execute due to limited system familiarity or fragmented communication pathways (Goff et al., 2025; Kajaria-Montag et al., 2024). Moreover, organizations that invest in internal staff development, leadership training, and cross-functional collaboration often experience compounding financial advantages because higher quality scores translate into incentive payments, shared savings, and reduced avoidable utilization (Hughes et al., 2024; McDonald et al., 2024). Outsourcing, by

contrast, may reduce short-term labor expenses but erodes an organization's ability to generate sustained, quality-driven financial returns by weakening continuity, institutional knowledge, and accountability (Berry et al., 2021; Spieske et al., 2022). As value-based models continue to expand nationally, the evidence indicates that organizations with strong internal teams are better positioned to achieve the continuity, data accuracy, and coordinated care required for superior financial performance (AMA, 2023; Khosravi, 2025). This broader economic context reinforces the argument that internal workforce development is not only a clinical or operational strategy but a financially strategic approach that directly reduces reliance on outsourcing while supporting long-term organizational sustainability.

Integrated Accountability Across Themes

The interaction among the five themes demonstrates that outsourcing is not driven by any single organizational weakness but by an accumulation of interdependent factors across the physician practice environment (Barati et al., 2023; Khosravi et al., 2025). These findings illustrate how operational, workforce, technological, and financial systems intersect to determine whether a practice relies on internal capacity or external vendors, reinforcing the notion that outsourcing is a systemic outcome rather than an isolated staffing decision (Karakolias, 2024; Spieske et al., 2022). The five themes collectively form an integrated accountability structure in which workforce capacity, continuity, technology, governance, and financial incentives reinforce each other to reduce dependence on outsourced clinical roles (Kirchhoff et al., 2023; McDonald et al., 2024). The theme of workforce stability supports the theme of continuity of care by ensuring

that internal staff develop shared expectations, communication norms, and long-term patient relationships, which are conditions consistently associated with higher care quality and lower reliance on external labor (Hughes et al., 2024; Lopez & Harrison, 2023).

Continuity, in turn, strengthens technology integration by providing stable and predictable workflows that optimize digital tools, improving documentation accuracy and information flow (Kajaria-Montag et al., 2024; Rotenstein et al., 2024). Technology integration reinforces workforce stability by reducing administrative burden, mitigating burnout, and promoting job satisfaction among internal staff, thereby lowering turnover risk and reducing pressure to outsource (Shah et al., 2025; Singh, 2024). Strategic outsourcing and risk management ensure that any outsourcing that does occur is selective, structured and aligned with internal workflows to avoid disrupting continuity or overburdening internal teams (Barati et al., 2022; Uysal et al., 2024). Value-based and financial alignment incentivizes practices to maintain strong internal teams because value-based contracts reward continuity, coordinated care, high-quality documentation, and reliable follow-up, which are outcomes that are more consistently achieved through internally staffed models (Goff et al., 2025; McDonald et al., 2024). Together, these relationships create a reinforcing cycle in which investments in internal workforce capacity reduce outsourcing, and reduced outsourcing further strengthens internal operations across clinical, operational, and financial domains (Kirchhoff et al., 2023; Khosravi et al., 2025). Spieske et al. (2022) found that vendor dependency significantly increased operational risk and lowered organizational resilience across healthcare supply

chains, underscoring the importance of maintaining internal control over critical functions. The integrated structure demonstrates that reducing reliance on outsourcing requires a coordinated strategy across workforce development, operational design, technological integration, governance oversight, and financial alignment rather than isolated interventions (Barati et al., 2023; Karakolias, 2024).

Beyond the direct interactions among the five themes, the literature emphasized that their collective influence forms a complex, mutually reinforcing system in which weaknesses in one domain amplify vulnerabilities in others (see Khosravi et al., 2025; Spieske et al., 2022). For example, a breakdown in continuity—whether driven by staff through turnover or fragmented communication—can diminish the effectiveness of technological tools, increase reliance on external staff, and ultimately raise operational costs under value-based reimbursement models (Lopez & Harrison, 2023; McDonald et al., 2024). Spieske et al. (2022) similarly warned that vendor dependency weakens organizational resilience, a vulnerability that compounds when internal continuity or workflow stability is disrupted. Conversely, strengthening a single domain often produces cascading benefits across the practice environment. Improvements in workforce stability enhance continuity, which in turn strengthens data quality and care coordination, and communication reliability – factors directly linked to improved performance under financial incentive programs (Burch et al., 2024; Hughes et al., 2024; McDonald et al., 2024). Likewise, enhancements in EHR optimization or ambient AI not only reduce administrative workload but also support more accurate, timely documentation that improves both continuity and financial outcomes (Rotenstein et al., 2024; Shah et al.,

2025). This interdependence underscores that outsourcing is rarely a consequence of isolated resource gaps; rather, it arises when multiple components of the organizational ecosystem become misaligned (Barati et al., 2023; Khosravi et al., 2025). As several studies demonstrated, physician practices that adopted an integrated systems approach—simultaneously addressing workforce, technology, governance, and financial structures simultaneously—were far more successful in reducing outsourcing than those implementing isolated interventions (Karakolias, 2024; Kirchhoff et al., 2023). This holistic perspective reinforces the conclusion that sustainable reduction in outsourced clinical roles requires harmonized improvements across all five thematic domains.

Refinement and Naming of Themes

Based on iterative synthesis, I refined and renamed the themes to reflect greater conceptual clarity and alignment with the integrative review question (see Khosravi et al., 2025; Whittmore & Knafl, 2005). The theme of internal capacity building through workforce stability emphasizes the strategic development of internal staffing pipelines, retention mechanisms, and workforce planning structures shown to reduce reliance on external labor (see Hughes et al., 2024; Kirchhoff et al., 2023). The theme of continuity-driven operational models highlights the structural mechanisms necessary to sustain relational and informational continuity, which the literature consistently links to improved care coordination, patient outcomes, and operational efficiency (see Goff et al., 2025; Lopez & Harrison, 2023; McDonald et al., 2024). The theme of technology-enabled workforce optimization underscores the role of digital tools, including EHR optimization, ambient AI, and automated workflows, in enhancing internal workforce

efficiency, reducing administrative burden, and mitigating burnout without outsourcing core functions (see Lin et al., 2023; Rotenstein et al., 2024; Shah et al., 2025). The theme of strategic governance of outsourcing and risk incorporates the oversight, accountability, and decision-making mechanisms needed to evaluate outsourcing decisions in a manner that preserves organizational control and mitigates dependency-related risks (see Barati et al., 2022; Spieske et al., 2022; Uysal et al., 2024). Finally, the theme of value-aligned workforce and resource investment reflects the financial imperatives associated with value-based reimbursement models, emphasizing continuity, documentation accuracy, and coordinated care as drivers of sustainable financial performance (see Karakolias, 2024; McDonald et al., 2024).

These refined theme names aligned with the theoretical frameworks guiding this review, offering a clearer and more precise representation of the underlying organizational, operational, and financial phenomena identified across the literature (see Barati et al., 2022; Khosravi et al., 2025). Each refined theme encapsulates its subthemes, enhancing conceptual clarity while increasing applicability to real-world physician practice environments where staffing, technology, governance, and reimbursement structures are deeply interdependent (Hughes et al., 2024; Kirchhoff et al., 2023). Barati et al. (2022) developed structured criteria and decision frameworks for evaluating outsourcing choices, reinforcing the importance of clearly defined constructs when translating evidence into governance and operational practice. This refinement also prepares the foundation for translating findings into professional practice recommendations in Part 4 (see Karakolias, 2024; McDonald et al., 2024). By clarifying

these thematic constructs, the review strengthens the conceptual scaffolding that enables healthcare leaders to design integrated, system-level strategies to reduce reliance on outsourced roles while enhancing internal capacity, continuity, and financial performance.

Interpretation of Findings

The findings collectively reveal that outsourcing is not simply an administrative decision but a structural response to underlying deficits in staffing, workflow efficiency, continuity, and governance capacity (Barati et al., 2023; Khosravi et al., 2025). Workforce stability emerged as the most central factor because practices with high turnover, insufficient onboarding, and inadequate training pipelines were consistently more likely to rely on outsourced support to compensate for internal gaps (Hughes et al., 2024; Kirchhoff et al., 2023; Singh, 2024). The theme of continuity of care further explained how outsourcing disrupts communication channels and relationship-based care, leading to increased fragmentation, reduced trust, and avoidable operational inefficiencies (Khatri et al., 2023; Lopez & Harrison, 2023). Lopez and Harrison (2023) found that clinical outsourcing correlated with 25% lower continuity of care and 20% higher dissatisfaction scores, reinforcing the magnitude of these disruptions and their operational consequences. The theme of technology integration illustrated how internal digital infrastructure, such as virtual scribes, ambient AI, and optimized EHR workflows, can serve as a potent alternative to outsourcing by improving both efficiency, documentation accuracy, and care quality while supporting internal workforce models (Lin et al., 2023; Rotenstein et al., 2024; Shah et al., 2025). Strategic outsourcing and risk

management demonstrated that outsourcing must be governed proactively to avoid vendor dependency, performance variation, and quality breakdowns that compromise patient safety and organizational resilience (Barati et al., 2022; Spieske et al., 2022; Uysal et al., 2024). Together, these themes indicate that outsourcing is rarely a neutral operational choice and instead reflects deeper misalignments within internal systems (see Karakolias, 2024; Khosravi et al., 2025).

The theme of value-based and financial alignment highlighted the financial consequences of outsourcing, particularly in environments where reimbursement models emphasize coordination, continuity, and quality outcomes (see Karakolias, 2024; McDonald et al., 2024). Under value-based care, organizations are directly rewarded for robust internal workflows that support timely follow up, accurate documentation, and relational consistency, which are elements that are undermined when external personnel handle core clinical or administrative tasks (Burch et al., 2024; Goff et al., 2025). Several studies showed that outsourcing increases downstream costs due to errors, duplicated work, delayed follow up, and communication gaps, all of which negatively affect quality metrics tied to reimbursement and shared-savings performance (Berry et al., 2021; Khatri et al., 2023; Lopez & Harrison, 2023). These findings reinforce that outsourcing becomes ineffective when used as a replacement for internal workforce investment rather than as a narrowly targeted, strategically governed supplement (Barati et al., 2022; Khosravi et al., 2025). Instead, evidence across the reviewed literature suggests that sustainable internal staffing strategies reduce outsourcing dependence while simultaneously strengthening

quality performance, patient satisfaction, and operational resilience (Hughes et al., 2024; McDonald et al., 2024).

Broadly, the integrative synthesis demonstrates that outsourcing fails to address the fundamental organizational issues that precipitate staffing challenges in the first place (see Khosravi et al., 2025; Spieske et al., 2022). Rather than resolving workforce gaps, outsourcing often compounds them by destabilizing continuity, diminishing institutional knowledge, and weakening team cohesion, which are effects that increase long-term vulnerability rather than resilience (Berry et al., 2021; Singh, 2024). Practices that instead adopt integrated internal strategies—combining workforce stabilization efforts, technological optimization, governance oversight, and financial alignment—are better positioned to meet both operational and clinical demands while maintaining control over quality and performance (Karakolias, 2024; Kirchhoff et al., 2023). These findings collectively underscore that sustainable improvements require addressing the structural, cultural, and system-level dimensions of workforce management, not merely substituting internal roles with external vendors (Barati et al., 2023; Khosravi et al., 2025). Ultimately, the evidence supports the conclusion that strengthening internal organizational capacity is a more reliable and effective pathway for reducing outsourcing and enhancing long-term practice performance.

Confirmation, Disconfirmation, and Extension of Existing Knowledge

The results confirm existing literature indicating that outsourcing can undermine continuity, reduce care quality, and create communication gaps within healthcare delivery systems (Berry et al., 2021; Khatri et al., 2023; Lopez & Harrison, 2023). For instance,

Berry et al. (2021) explained that outsourcing clinical services contributes to care fragmentation, communication breakdowns, and increased risks to patient safety. These findings are consistent with decades of evidence showing that external personnel often lack the embedded organizational knowledge, communication familiarity, and relational foundations necessary for consistent, high-quality care delivery (Singh, 2024; Spieske et al., 2022). I extended prior research in this review by identifying internal workforce strategies, such as predictive analytics, cross-training models, and continuity-first scheduling, that were not widely documented before 2022, marking an evolution in the discourse from reactive outsourcing to proactive internal capacity building (see Hughes et al., 2024; Kirchhoff et al., 2023). While earlier studies predominantly emphasized the risks associated with outsourcing, newer literature highlighted actionable, evidence-based alternatives capable of reducing dependency on external vendors while strengthening internal systems (Karakolias, 2024; Khosravi et al., 2025). Technology integration findings further extend the literature by demonstrating how AI-enabled workflows, virtual documentation tools, and optimized EHR systems reduce administrative burden, improve documentation accuracy, and free clinicians to engage more fully in direct patient care (Lin et al., 2023; Rotenstein et al., 2024; Shah et al., 2025). These developments collectively point toward evolving organizational practices, wherein technology functions as a mechanism for internal resilience and efficiency rather than justification substituting internal labor with external contractors (AMA, 2023; Khosravi et al., 2025). Collectively, the findings suggest that contemporary physician practices

increasingly possess viable internal alternatives to outsourcing that preserve continuity, accountability, and quality while addressing workload challenges.

The findings also disconfirm the long-standing assumption that outsourcing inevitably provides cost savings. Several studies demonstrated that any perceived upfront financial benefit is frequently offset by downstream costs associated with errors, duplicated efforts, communication delays, and reduced care quality, which are costs that are often hidden or underestimated during outsourcing decisions (Berry et al., 2021; Lopez & Harrison, 2023; Spieske et al., 2022). As value-based models become more prevalent, these concerns are amplified because reimbursement is increasingly tied to accuracy, coordination, and patient-reported outcomes, which are domains that outsourcing often compromises (Goff et al., 2025; Karakolias, 2024; McDonald et al., 2024).

Moreover, this review expands theoretical understanding of outsourcing by integrating motivational frameworks, such as Herzberg's two-factor theory, and environmental frameworks, such as resource dependency theory, into evaluations of workforce planning (Singh, 2024; Spieske et al., 2022). Herzberg's framework helps explain why outsourcing may erode intrinsic motivators, such as recognition, autonomy, and team belonging among internal staff, contributing to disengagement and turnover (Singh, 2024). Resource dependency theory further illuminates how reliance on external vendors increased organizational vulnerability by transferring control over critical operational tasks to outside actors, thereby reducing flexibility and resilience (Khosravi et al., 2025; Spieske et al., 2022). This multidimensional theoretical integration offers a

more comprehensive lens for evaluating outsourcing decisions and underscores the importance of aligning operational strategies with both human and structural factors that influence organizational performance.

Taken together, these results highlight that outsourcing is not merely a staffing mechanism but a decision with far-reaching implications for quality, continuity, cost, and organizational autonomy (Barati et al., 2022; Khosravi et al., 2025). The synthesis demonstrates that internal workforce strategies—particularly those leveraging technology, predictive analytics, and structured team-based models—offer more sustainable, cost-effective, and patient-centered alternatives to outsourcing (Hughes et al., 2024; Kirchhoff et al., 2023). The literature increasingly supports the notion that long-term organizational success hinges on internal capacity building rather than external supplementation, especially in environments moving toward value-based reimbursement and integrated care delivery (Karakolias, 2024; McDonald et al., 2024). By contrasting traditional outsourcing assumptions with contemporary evidence and theoretical insight, this review provides a more nuanced framework that leaders can use to critically assess whether outsourcing aligns with their organizational goals. Ultimately, the findings affirm that strengthening internal workforce infrastructure yields advantages that outsourcing cannot replicate, setting the stage for a more informed and strategic approach to workforce planning.

Interpretation of Through Theoretical Framework

Resource Dependency Theory

Resource dependency theory helps explain why outsourcing introduces operational vulnerabilities by shifting control of critical resources, including labor capacity, workflow knowledge, and documentation accuracy, to external actors outside the organization's direct governance structures (Khosravi et al., 2025; Spieske et al., 2022). The findings revealed that outsourced staff often lacked familiarity with organizational workflows, local protocols, and communication norms, thereby reducing organizational control over quality and operational performance (Berry et al., 2021; Lopez & Harrison, 2023). Spieske et al. (2022) found that increased vendor dependency heightened operational risk and reduced organizational resilience, underscoring how reliance on external entities amplifies vulnerability when critical functions are no longer internally managed. Internal workforce development strategies, such as maintaining stable teams, implementing cross-training models, and investing in internal skill development, reduce environmental dependency by internalizing critical competencies and preserving institutional knowledge (Hughes et al., 2024; Kirchhoff et al., 2023). From a resource dependency theory perspective, these strategies enhance organizational autonomy by minimizing reliance on external labor markets and vendor-controlled processes, thereby strengthening the organization's ability to respond to operational variability and environmental uncertainty (Karakolias, 2024; Spieske et al., 2022). Resource dependency theory, therefore, clarifies why outsourcing should be used sparingly and with structured oversight mechanisms: Without governance controls,

external vendors can destabilize internal operations, weaken accountability, and constrain flexibility (Barati et al., 2022; Khosravi et al., 2025). The review showed that practices investing in internal capacity building were better positioned to manage environmental uncertainty, maintain control over clinical operations, and sustain performance under evolving reimbursement and regulatory pressures (Hughes et al., 2024; McDonald et al., 2024). Additionally, resource dependency theory supports the theme of strategic outsourcing and risk management by emphasizing the need for oversight mechanisms, such as performance monitoring, contractual accountability, and dependency evaluation, to minimize organizational vulnerability when outsourcing is employed (Barati et al., 2022; Uysal et al., 2024). Collectively, the findings reinforce that outsourcing decisions must be evaluated not only for short-term operational relief but also for their long-term implications on organizational control, resilience, and dependency within complex healthcare environments.

Herzberg's Two-Factor Theory

Herzberg's (1959) two-factor theory provides a complementary interpretive lens, explaining how job satisfaction and motivation influence workforce stability within healthcare organizations (Singh, 2024). From this perspective, outsourcing often reduces intrinsic motivators by marginalizing internal staff, fragmenting team identity; and reducing opportunities for recognition, advancement, and professional growth (Berry et al., 2021; Singh, 2024). Singh (2024) stated that external contractors may reduce team cohesion and engagement, leading to morale issues and a fragmented culture. Outsourced environments can also increase hygiene-related dissatisfiers, such as unclear workflows,

inconsistent communication, role ambiguity, and added administrative burden, for internal staff who must compensate for coordination gaps (Hughes et al., 2024; Lopez & Harrison, 2023). Conversely, internal workforce strategies – especially those enhanced by technology integration and structured team-based models – were shown to strengthen key motivators, such as autonomy, achievement, recognition, and opportunities for professional growth (Hughes et al., 2024; Rotenstein et al., 2024; Shah et al., 2025). The findings showed that practices prioritizing internal staffing and investing in supportive digital infrastructure experienced higher employee engagement, stronger morale, and lower turnover, outcomes closely aligned with Herzberg’s motivation constructs (Kirchhoff et al., 2023; Singh, 2024). Technology-enabled workflows reduced administrative burden and improved role clarity, thereby mitigating hygiene dissatisfiers while simultaneously enabling clinicians and staff to focus on meaningful, patient-centered work (Lin et al., 2023; Rotenstein et al., 2024).

Herzberg’s framework, therefore, supports the conclusion that internal workforce development is not only operationally advantageous but also psychologically and motivationally protective while reducing the need for outsourcing. By fostering environments that support intrinsic motivators and minimize hygiene-related stressors, organizations reduce burnout, strengthen retention, and decrease the structural pressures that often drive outsourcing decisions (Hughes et al., 2024; Singh, 2024). Collectively, the findings suggest that outsourcing undermines key motivational conditions necessary for workforce stability, whereas internally focused staffing strategies – especially those augmented by technology and reduced reliance on external labor.

Summary of Results

The results of this integrative review indicate that reducing reliance on outsourced clinical roles requires coordinated, system-wide action across workforce, operational, technological, governance, and financial domains rather than isolated interventions (Barati et al., 2023; Khosravi et al., 2025). Workforce stability emerged as the foundational condition for reducing outsourcing because practices that strengthened retention, team cohesion, and internal resilience demonstrated lower dependency on external labor and greater operational predictability (Hughes et al., 2024; Kirchhoff et al., 2023; Singh, 2024). Continuity of care reinforced the importance of stable internal teams, with multiple studies linking continuity to improved patient outcomes, reduced fragmentation, enhanced communication, lower utilization, and minimizing fragmentation, which are outcomes that are frequently disrupted in outsourced care models (Goff et al., 2025; Lopez & Harrison, 2023; McDonald et al., 2024). Technology integration demonstrated the value of internally governed digital tools, including EHR optimization, ambient AI, and virtual documentation systems, in reducing administrative workload, improving documentation accuracy, and strengthening internal workflows without substituting internal labor with external contractors (Lin et al., 2023; Rotenstein et al., 2024; Shah et al., 2025). Strategic outsourcing and risk management emphasized that outsourcing, when used, must be carefully governed, limited to noncore functions, and aligned with internal processes to prevent vendor dependency, performance variability, and erosion of organizational control (Barati et al., 2022; Spieske et al., 2022; Uysal et al., 2024). Value-based and financial alignment provided a compelling economic

rationale for prioritizing internal workforce investment because value-based reimbursement models reward continuity, coordinated care, accurate documentation, and reliable followup, which are domains consistently shown to perform better under internal staffing models (AMA, 2023; Karakolias, 2024; McDonald et al., 2024). Park and Kim (2005) noted that cost-driven outsourcing strategies are frequently associated with declines in service quality, staff morale and organizational continuity, underscoring the long-recognized risks of prioritizing short-term cost savings over sustainable performance. Together, these themes form a cohesive framework that clarifies how physician practices can decrease dependency on outsourced labor by strengthening internal capacity, aligning governance and financial incentives, and leveraging technology to support high-performing, stable teams while improving organizational performance and patient care.

Part 4: Recommendation for Professional Practice and Implications for Social Change

Recommendations for Professional Practice

The findings of this integrative review offer clear and actionable guidance for healthcare administrators and physician practice leaders seeking to reduce reliance on outsourced clinical roles while strengthening organizational performance. Across the reviewed literature, outsourcing consistently emerged as a reactive response to internal workforce instability rather than a proactive, strategically governed decision. Practices characterized by high turnover, insufficient retention strategies, limited workforce analytics, and fragmented workflows were significantly more likely to rely on external vendors to compensate for internal capacity gaps (Barati et al., 2023; Berry et al., 2021; Lopez & Harrison, 2023; MGMA, 2023). These findings suggest that outsourcing functions less as an efficiency-enhancing solution and more as a compensatory mechanism for unresolved structural weaknesses within physician practices.

Rather than treating outsourcing as a cost-control strategy, healthcare leaders should reframe its presence as an indicator of organizational vulnerability requiring targeted intervention. Evidence from the reviewed studies demonstrated that outsourcing core or patient-facing clinical roles often introduces downstream consequences, including diminished continuity of care, communication breakdowns, documentation inconsistencies, and reduced staff engagement (Ahmed & Brown, 2023; Berry et al., 2021). When viewed through this lens, outsourcing signals deficits in workforce stabilization, operational design, or governance rather than serving as a neutral staffing alternative. Aligning workforce decisions with long-term quality, resilience, and patient-

centered care objectives, therefore, requires intentional internal capacity building rather than continued external substitution. These professional practice recommendations are directly derived from the five thematic findings identified in this integrative review: workforce stability and retention, continuity of care and coordination, technology integration, strategic outsourcing and risk management, and value-based financial alignment. Collectively, the evidence indicates that sustainable operational improvement is achieved through coordinated investments across workforce development, continuity-driven care models, internally governed technology, structured oversight mechanisms, and financial strategies aligned with value-based reimbursement (Barati et al., 2023; NAM, 2022; Singh, 2024). Addressing these domains concurrently enables physician practices to reduce dependency on outsourced labor while strengthening organizational performance and patient outcomes.

A primary recommendation emerging from this synthesis is the implementation of structured workforce stabilization strategies that prioritize retention, skill development, and role clarity. The literature consistently demonstrates that stable internal teams reduce operational disruption, preserve institutional knowledge, and improve care coordination, thereby decreasing reliance on outsourced clinical support (Berry et al., 2021; Kirchhoff et al., 2023). Practices that invested in equitable compensation structures, predictable scheduling, structured onboarding, and internal advancement pathways experienced lower turnover and greater workforce resilience. These approaches align with Herzberg's two-factor theory by enhancing intrinsic motivators, such as professional growth, recognition, and autonomy, while also reducing dissatisfaction associated with instability

and excessive workload (Singh, 2024). Over time, workforce stabilization functions as the foundational condition upon which all other operational improvements depend.

To move workforce stabilization from principle to practice, physician organizations must adopt deliberate and phased implementation strategies that account for operational constraints common in outpatient settings. Rather than pursuing wholesale restructuring, practices can begin with pilot initiatives focused on high-turnover or high-impact roles, allowing leadership to assess feasibility and staff response before scaling efforts. Incremental cross-training programs, for example, enable staff to gradually expand competencies while maintaining service continuity. Workforce analytics can be used to identify predictable demand patterns and inform scheduling models that reduce burnout and overtime reliance. Importantly, implementation timelines should incorporate staff input to enhance buy-in and reduce resistance to change. Smaller practices with limited administrative capacity may benefit from prioritizing a narrow set of stabilization initiatives rather than attempting comprehensive transformation. By emphasizing practicality and sequencing, workforce stabilization becomes an achievable operational strategy rather than an aspirational ideal.

Effective workforce stabilization requires explicit leadership accountability and governance structures that extend beyond human resources functions. The literature suggests that leadership behaviors, including transparency, consistency, and responsiveness, directly influence staff retention and engagement. Middle managers and clinical supervisors play a particularly critical role because they translate organizational priorities into day-to-day practice and shape staff perceptions of fairness and support.

Establishing clear lines of responsibility for workforce outcomes, such as turnover rates or engagement scores, reinforces the strategic importance of internal capacity building. Leadership development programs that emphasize workforce planning, conflict resolution, and change management further support sustainability. From a Herzbergian perspective, leadership actions can either amplify or undermine intrinsic motivators by shaping work environments and professional identity. Embedding workforce governance into leadership performance expectations ensures that staffing stability is treated as a core organizational responsibility rather than a peripheral concern.

A second recommendation is the adoption of continuity-driven operational models that explicitly prioritize relational and informational continuity of care. The literature consistently demonstrates that outsourcing patient-facing roles disrupts continuity, increases fragmentation, and weakens patient trust. Practices should, therefore, design scheduling, staffing, and care coordination processes that ensure patients interact with familiar team members whenever possible. Continuity-first scheduling, stable care team assignments, and integrated communication workflows were all associated with improved patient satisfaction and reduced operational inefficiencies. Embedding continuity metrics into performance dashboards further reinforces accountability and aligns staffing decisions with value-based care requirements. From the perspective of resource dependency theory, maintaining continuity allows practices to retain control over a critical organizational resource—care coordination—rather than transferring it to external vendors. Ultimately, continuity-driven models protect both care quality and organizational autonomy.

While continuity of care is widely recognized as a quality indicator, it is often insufficiently operationalized within physician practices. To sustain continuity-driven models, organizations must define, measure, and monitor continuity as a core performance metric. Relational continuity, informational continuity, and management continuity each capture distinct but interrelated dimensions of care delivery that are disrupted by outsourcing. Incorporating continuity measures into quality dashboards enables leaders to identify workflow disruptions and staffing decisions that negatively affect patient experience. Outsourcing arrangements often diffuse accountability for continuity outcomes, making performance improvement more difficult. In contrast, internally staffed models allow practices to directly align continuity metrics with staffing and scheduling decisions. Treating continuity as a measurable organizational asset reinforces its strategic value and supports alignment with value-based reimbursement expectations.

The findings also strongly support technology-enabled workforce optimization as an internal alternative to outsourcing administrative and documentation functions. Studies consistently showed that ambient AI, virtual scribes, and EHR optimization significantly reduced administrative burden and clinician burnout (American Medical Association [AMA], 2023; Rotenstein et al., 2024; Shah et al., 2025). Rather than outsourcing documentation or referral coordination, physician practices should invest in internally governed digital tools that integrate seamlessly with existing workflows. These technologies improve efficiency while preserving institutional knowledge and alignment with organizational standards. Importantly, technology adoption should be accompanied

by robust training, change management, and data governance frameworks to ensure sustainability and staff acceptance. When implemented strategically, digital tools reduce hygiene-related dissatisfiers identified in Herzberg's two-factor theory, such as excessive clerical work and workflow inefficiencies. Over time, technology-enabled optimization strengthens internal capacity and reduces the operational pressures that often precipitate outsourcing.

Another critical recommendation is the development of formal outsourcing governance and risk-management frameworks for situations in which external support is unavoidable. The evidence indicates that unstructured outsourcing increases operational risk, erodes accountability, and fosters vendor dependency (Barati et al., 2022; Khosravi et al., 2025; Spieske et al., 2022). Practices should apply structured decision-making models that evaluate outsourcing based on clinical criticality, internal readiness, and long-term risk exposure. Performance metrics, transparent contracts, and routine vendor audits are essential components of effective governance. Selective outsourcing should be limited to noncore functions and designed to complement—not replace—internal workforce capacity. From a resource dependency theory perspective, these governance mechanisms help organizations manage environmental uncertainty while retaining strategic control. Without such oversight, outsourcing becomes a liability rather than a tactical support mechanism.

Finally, professional practice decisions must align workforce strategies with value-based and financial performance goals. The literature consistently demonstrates that internal workforce investments outperform outsourcing under value-based

reimbursement models due to improved continuity, documentation accuracy, and patient experience (American Medical Association [AMA], 2023; Karakolias, 2024; Lopez & Harrison, 2023; McDonald et al., 2024). Practices should conduct comprehensive cost-benefit analyses that account for downstream effects such as rework, delays, and quality penalties rather than focusing solely on short-term labor cost reductions. Internal teams are better positioned to adapt to evolving performance metrics tied to quality, access, and population health outcomes. Financial alignment reinforces the strategic rationale for internal workforce development, supporting long-term organizational sustainability. As value-based care continues to expand, workforce planning must be viewed as a financial strategy as much as an operational one.

Implications for Social Change

The findings of this integrative review have significant implications for social change, particularly in relation to equity, access, and continuity within healthcare delivery systems. Physician practices represent the primary point of contact for many patients, especially those managing chronic conditions or facing socioeconomic barriers to care. When outsourcing disrupts continuity and care coordination, these patients are disproportionately affected through delayed follow up, fragmented communication, and diminished trust in the healthcare system. Strengthening internal workforce stability, therefore, directly supports more equitable and reliable care delivery. Stable teams are better positioned to recognize and respond to social determinants of health that influence patient outcomes. In this way, workforce planning becomes a mechanism for advancing health equity rather than merely an administrative function.

Workforce stability functions as an upstream determinant of care quality and patient experience, particularly in ambulatory settings serving vulnerable populations. Staffing instability contributes to missed follow up, fragmented communication, and inconsistent patient education, factors that disproportionately affect individuals with complex social and medical needs (Ahmed & Brown, 2023; Kajaria-Montag et al., 2025; Lopez & Harrison, 2023; National Institutes of Health, 2025). When practices rely heavily on outsourced personnel, patients may experience repeated handoffs that erode trust and engagement. Stable internal teams, by contrast, foster relational continuity that supports adherence, self-management, and timely navigation of care services. These dynamics highlight how workforce planning intersects with social determinants of health, including access, continuity, and patient empowerment. Addressing workforce instability, therefore, represents a structural intervention with downstream equity implications. In this context, reducing outsourcing is not merely an organizational improvement but a mechanism for advancing fair and reliable care delivery.

Reducing reliance on outsourced clinical roles also promotes social change by fostering more patient-centered and culturally responsive care environments. Internal staff develop deeper familiarity with patient populations, community contexts, and local resource networks, which enhances care coordination and trust. Continuity of relationships enables patients to feel seen, heard, and understood, which is particularly important for vulnerable populations. Moreover, workforce stability contributes to healthier work environments by reducing burnout and turnover among healthcare workers. This has downstream effects on care quality, access, and system resilience. At a

broader level, investing in internal capacity supports local employment and strengthens community-based healthcare infrastructure. Collectively, these outcomes demonstrate that strategic workforce planning contributes to both organizational performance and societal well-being.

Beyond patient outcomes, internal workforce investment generates broader community-level benefits that contribute to positive social change. Physician practices that prioritize internal staffing support local employment stability and create opportunities for skill development within the community. Reduced reliance on transient or offshore labor strengthens ties between healthcare organizations and the populations they serve. Stable employment pathways also contribute to workforce diversity and economic resilience, particularly in rural or underserved areas where healthcare jobs represent critical economic anchors. From a systems perspective, internal workforce development promotes sustainability by reducing cyclical recruitment and onboarding costs. These community-level effects reinforce the societal value of insourcing strategies. Collectively, workforce planning decisions influence not only organizational performance but also the health and stability of local labor markets.

Research Gaps and Future Directions

The synthesis revealed significant gaps in the outsourcing literature, particularly in the context of physician practices. Most studies either focused on hospital-based environments or provided general analyses not tailored to outpatient clinical settings. There is a lack of longitudinal studies assessing long-term outcomes of internal workforce planning strategies. Richards and Whaley (2024) noted that the long-term

effects of service outsourcing on patient outcomes remain unclear due to a lack of sufficient longitudinal studies. Additionally, research on the integration of ambient AI and virtual scribes is emerging but still lacks a robust evaluation of long-term workforce impacts. Few studies have examined the role of organizational culture, leadership, or staff perceptions in outsourcing decisions. The literature also lacks standardized metrics for evaluating the success of outsourcing or internal workforce interventions. These gaps limit the generalizability of current findings and highlight the need for more rigorous and comprehensive research.

Identifying Research Gaps

In the review, I identified several specific gaps requiring further study. There is limited U.S.-based research focused exclusively on physician practices, particularly small or independent clinics. Additionally, the literature on outsourcing lacks standardized definitions and outcome measures, making comparisons across studies difficult. There is also minimal research investigating patient trust, relational continuity, or perceptions of outsourced staff. Studies have rarely examined external regulatory influences on outsourcing, such as payer requirements or policy incentives. Jiang and Qureshi (2026) noted that existing outsourcing research yields fragmented findings and lacks standardized, objective metrics for assessing outsourcing outcomes. Finally, research on workforce analytics and predictive modeling remains scarce, despite emerging evidence that these tools can reduce reliance on outsourcing.

An additional gap identified through this review was the limited examination of implementation processes associated with transitioning from outsourced to internally

staffed clinical roles. While many studies have documented outcomes related to outsourcing or internal workforce models, few have provided detailed descriptions of how practices operationalize these transitions in real-world settings. There is minimal research exploring change management strategies, stakeholder engagement, or phased implementation approaches that could mitigate disruption during insourcing efforts. This omission is particularly notable given the cultural, workflow, and morale-related challenges identified in the literature. Furthermore, little attention has been given to the role of middle management and frontline supervisors in sustaining internal workforce reforms. The absence of process-oriented research limits the ability of healthcare leaders to translate high-level recommendations into actionable steps. Without this operational insight, practices may struggle to replicate successful workforce models documented in the literature. Addressing this gap would significantly enhance the practical applicability of future research.

In addition to empirical gaps, in this review I identified notable theoretical limitations within the outsourcing and workforce planning literature. Many studies have relied heavily on cost-efficiency or transaction-based frameworks, often neglecting theories related to motivation, organizational behavior, and dependency. The underutilization of frameworks, such as Herzberg's two-factor theory and resource dependency theory, limits a deeper understanding of how workforce decisions affect engagement, autonomy, and organizational resilience. Few studies have adopted integrative theoretical approaches that account for both human and structural dimensions of staffing models. This theoretical narrowness constrains the explanatory power of

existing research and limits its applicability to complex healthcare environments.

Expanding theoretical diversity would allow researchers to better capture the relational and cultural consequences of outsourcing. Addressing these theoretical gaps represents a critical opportunity for advancing workforce scholarship.

Future Research Priorities

Future research should prioritize longitudinal evaluations comparing internal versus outsourced staffing models, focusing on cost, quality, continuity, and workforce outcomes. Additional studies should evaluate the implementation and long-term effects of AI-enabled documentation tools in outpatient settings. Researchers should also investigate organizational culture factors, such as leadership style and team cohesion, to better understand their influence on outsourcing decisions. Papadopoulou and Dougligeris (2017) emphasized that organizational culture plays a critical role in outsourcing decision-making, implementation processes, and the management of client-vendor relationships. Conducting mixed-methods studies that combine quantitative outcomes with qualitative staff perceptions would also strengthen understanding. Further research is needed on how value-based reimbursement models shape staffing decisions in physician practices.

Beyond longitudinal and comparative outcome studies, future research should prioritize implementation science approaches that examine how internal workforce strategies are adopted, scaled, and sustained within physician practices. Studies using pragmatic trials or real-world implementation frameworks could provide valuable insight into contextual facilitators and barriers to workforce transformation. Additionally, future

research should explore the return on investment of internal workforce development initiatives compared to outsourcing, incorporating both financial and nonfinancial outcomes, such as staff morale, patient trust, and care continuity. There is also a need for research examining the intersection of workforce planning and digital transformation, particularly how the adoption of technology influences role redesign and staffing mix. Evaluating leadership competencies and governance structures that support successful insourcing initiatives would further strengthen the evidence base. Importantly, future studies should intentionally include small, independent practices that operate with limited administrative infrastructure. Expanding the methodological diversity of this research domain will enhance its relevance to frontline healthcare administrators. Collectively, these priorities support a more translational and practice-oriented research agenda.

Future research should also examine workforce planning and outsourcing through a policy-oriented lens. Payment models, workforce regulations, and accreditation standards exert substantial influence on staffing decisions within physician practices, yet these factors remain underexplored in the literature. Research evaluating how reimbursement incentives encourage or discourage internal workforce investment would provide actionable insight for policymakers and administrators alike. Studies assessing regulatory oversight of outsourced clinical functions could further inform governance frameworks. Additionally, comparative analyses across states or payer environments may reveal structural conditions that facilitate sustainable insourcing. Policy-relevant research would strengthen alignment between workforce strategy and health system reform

initiatives. By situating workforce planning within broader policy contexts, future studies can enhance both relevance and impact.

Methodological Challenges in Research

The reviewed literature revealed several methodological challenges that limit interpretation and generalizability. Many studies relied on cross-sectional designs, which restrict causal inference and fail to capture long-term outcomes. Self-reported data and inconsistent reporting of outsourcing characteristics further increase the risk of bias. Variability in outcome measures for continuity, efficiency, and workforce stability complicates synthesis across studies. Additionally, the predominance of hospital-based or non-U.S. research limits applicability to physician practices. Greater methodological rigor, standardized metrics, and contextual specificity are needed to strengthen future research. Addressing these challenges will improve the quality and utility of evidence available to healthcare leaders.

Another significant methodological challenge identified in the literature is the difficulty of isolating the effects of outsourcing from broader organizational and environmental variables. Workforce decisions often occur alongside concurrent changes, such as EHR upgrades, payment reform transitions, or leadership turnover, making attribution of outcomes complex. Many studies have not adequately controlled for these confounding factors, which limits internal validity. Additionally, the absence of standardized instruments to measure constructs, such as continuity of care, workflow efficiency, and workforce stability, introduces measurement bias acknowledged across studies. Qualitative studies, while rich in contextual insight, frequently lack

methodological transparency regarding coding procedures or reflexivity, limiting reproducibility. Quantitative studies, conversely, often prioritize easily measurable financial indicators while underrepresenting relational or cultural outcomes. Sampling bias is also prevalent because studies tend to focus on larger organizations with greater research capacity. Addressing these methodological challenges will require more rigorous study designs and improved measurement consistency.

Addressing methodological challenges in workforce and outsourcing research will require intentional advancements in study design and measurement. The development of standardized instruments to assess continuity, workforce stability, and outsourcing impact would significantly improve comparability across studies. Longitudinal mixed-methods designs are particularly well-suited to capturing the dynamic and contextual nature of workforce transitions. Practice-based research partnerships could facilitate access to real-world data while enhancing external validity. Greater transparency in qualitative methods, including reflexivity and analytic procedures, would improve rigor and reproducibility. Quantitative studies should also expand beyond financial metrics to incorporate relational and cultural outcomes. Strengthening methodological rigor is essential for producing evidence that can meaningfully guide professional practice.

Limitations

This integrative review is subject to several methodological and contextual limitations that warrant careful consideration when interpreting the findings. First, the review was limited to literature published between 2022 and 2025, which, while ensuring contemporary relevance, may have excluded earlier foundational studies that could

provide additional theoretical or historical context regarding outsourcing and workforce planning. Second, the included studies exhibited substantial heterogeneity in research design, outcome measures, and analytic approaches, limiting the ability to directly compare findings across sources. Third, many studies relied on cross-sectional or observational designs, which restrict causal inference and limit conclusions about long-term workforce or patient outcomes. Fourth, several studies used self-reported data from administrators or clinicians, increasing the potential for recall bias and social desirability bias. Fifth, inconsistent definitions of outsourcing, continuity of care, and workforce stability across studies further complicated the synthesis. Collectively, these methodological limitations constrain the precision with which outcomes can be attributed to specific workforce strategies. As a result, the findings should be interpreted as indicative rather than definitive.

A second set of limitations relates to the contextual scope and generalizability of the reviewed evidence. Although this review focused on physician practices, many included studies were conducted in hospital-based, international, or mixed healthcare settings, which may differ significantly from U.S. ambulatory practice environments in terms of staffing structures, reimbursement models, and regulatory pressures. Additionally, small and independent physician practices—often the most reliant on outsourcing—were underrepresented in the literature, limiting the applicability of findings to these settings. The review also did not include primary data collection, precluding the examination of organization-specific variables, such as leadership style, local labor markets, or practice culture. Furthermore, emerging technologies, such as

ambient AI and virtual scribes, were evaluated primarily through short-term or pilot studies, limiting insight into long-term workforce and ethical implications. The absence of standardized metrics for evaluating outsourcing outcomes and internal workforce performance further restricts comparability across studies. Finally, as an integrative review, in this study I synthesized existing evidence rather than testing hypotheses, which limits its ability to establish causality. Despite these limitations, the consistency of findings across diverse sources strengthens confidence in the overall conclusions.

Conclusion

This integrative review demonstrates that reliance on outsourced clinical roles in physician practices is not an inevitable response to workforce shortages but a symptom of deeper structural and strategic misalignment. The evidence consistently shows that internal workforce stability, continuity-driven operations, technology-enabled efficiency, structured governance, and value-aligned financial strategies provide more sustainable and effective alternatives to outsourcing. By reframing outsourcing as a governance and workforce planning issue rather than a cost-saving solution, physician practices can enhance resilience, improve patient outcomes, and support equitable care delivery. Internal capacity building emerges not only as an operational imperative but as a strategic and ethical commitment to patient-centered healthcare. Collectively, these findings provide a clear pathway for healthcare leaders seeking to reduce outsourcing while strengthening organizational and social outcomes.

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Appendix A: DHA Practice-Based Problem Literature Review Matrix

Author/ date	Theoretical/ conceptual framework	Research question(s)/ hypotheses	Methodology	Analysis & results	Conclusions	Implications for future research	Implications for practice	Empirical research? (Yes or No)
Berry et al. (2021)	Donabedian's Quality Framework	What are the implications of outsourcing core healthcare services for quality and safety?	Qualitative Commentary	Outsourcing clinical services can lead to care fragmentation, communication errors, and compromised safety.	Outsourcing carries high risks for continuity and quality of care.	Examine outcomes of different clinical outsourcing strategies.	Reassess outsourcing decisions to prioritize quality and safety.	No
Lopez & Harrison (2022)	Donabedian's Quality Framework	How does outsourcing impact healthcare quality and satisfaction?	Mixed-Methods	Short-term savings, long-term reductions in patient satisfaction and quality metrics.	Outsourcing compromises healthcare quality in the long run.	Examine sustainable internal workforce strategies.	Prioritize long-term quality and satisfaction over cost savings.	Yes
Horne-Thompson et al. (2022)	Donabedian's Quality Framework	Does outsourcing aged care services affect quality outcomes like falls and	Quantitative Comparative Study	Internally managed care had fewer adverse outcomes than	Outsourced aged care services may have lower quality indicators.	Investigate internal quality improvement interventions.	Prioritize internal service models when possible.	Yes

		length of stay?		outsourced services.				
Chang & Patel (2024)	Donabedian's Quality Framework	How does outsourcing diagnostic services affect clinical outcomes?	Mixed-Methods	Outsourcing led to delays and miscommunication, which affected outcomes.	Outsourcing diagnostic services negatively impacts care quality.	Examine process integrations to minimize delays.	Invest in in-house diagnostic infrastructure.	Yes
Borowska et al. (2020)	Resource-Based View (RBV)	What factors influence outsourcing decisions in healthcare facilities?	Survey-based Quantitative Study	Cost and access to technology drive outsourcing; quality may suffer.	Economic benefits may be offset by loss of internal capacity.	Explore cost-benefit comparisons between in-house vs. outsourced operations.	Make outsourcing decisions based on strategic capabilities.	Yes
Barati et al. (2022)	Decision Theory	How can decision models guide outsourcing of medical services?	Delphi and Expert Panel	Developed criteria for evaluating outsourcing decisions in hospitals.	Systematic decision frameworks enhance outsourcing outcomes.	Validate decision models across healthcare settings.	Use structured decision models for outsourcing evaluations.	Yes
Singh (2024)	Herzberg's Two-Factor Theory	What is the impact of hybrid	Policy Analysis	External contractors may reduce	Hybrid outsourcing can lead to	Study comparative effects	Foster staff inclusion in	No

		staffing models on workforce satisfaction?		team cohesion and engagement.	morale issues and fragmented culture.	of staffing models on retention.	hybrid workforces.	
American Medical Association (2023)	Resource-Based View (RBV)	What are the strategic considerations for outsourcing healthcare technology?	Guideline/Consensus Statement	Identified risks and benefits of tech outsourcing.	Outsourcing tech functions must align with strategic goals.	Explore performance metrics of outsourced vs internal tech teams.	Develop oversight processes for tech outsourcing.	No

Appendix B: DHA Review Question(s) Search Log

Database or location name	Search terms	Results	Notes
PubMed	("outsourcing" OR "contract staffing" OR "temporary staffing") AND ("physician practices" OR "ambulatory care") AND ("workforce planning" OR Staffing Strategies")	212 (initial) → 72 (after limits)	Applied filters: 2022–2025, English, human studies, peer-reviewed. Removed hospital-only studies. Final usable: 12 highly relevant articles.
CINAHL Plus with Full Text	("clinical outsourcing" OR "temporary clinical staff") AND ("physician office" OR "medical group practice") AND ("patient satisfaction" OR "continuity of care")	145 (initial) → 58 (after limits)	Limited to 2022–2025, peer-reviewed academic journals. Excluded long-term care and hospital inpatient studies. Final usable: 10 articles on ambulatory care staffing.
ProQuest Health Management	("workforce planning" AND "outsourcing healthcare") AND ("physician practices")	88 (initial) → 46 (after limits)	Narrowed to 2022–2025, scholarly journals, health administration focus. Excluded dissertations and non-healthcare workforce papers. Final usable: 8 sources (including AMA workforce reports).
ScienceDirect	("healthcare outsourcing" AND "physician practices") AND ("operational strategies" OR "staffing efficiency")	121 (initial) → 34 (after limits)	Applied date filter (2022–2025), English only. Excluded pharmacy outsourcing and non-clinical IT outsourcing. Final usable: 7 practice management articles.
Business Source Complete	("healthcare workforce" AND "outsourcing" AND "practice management")	96 (initial) → 41 (after limits)	Limited to peer-reviewed journals, 2022–2025. Refined by subject: health services administration. Final usable: 6 strategic HR and staffing model articles.

Google Scholar	("outsourcing clinical staff" AND "physician practices" AND "patient satisfaction" AND 2022 . . 2025)	~2,140 (initial) → ~150 (screened) → 15 (final)	Applied custom date range 2022–2025. Screened first 10 pages by title/abstract. Excluded duplicates and non-peer-reviewed. Final usable: 5 grey literature sources (AMA, NAM, AHA reports).
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Appendix C: DHA Appraisal Results Log

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
Burch, P., Ball, L., & Haggerty, J. (2024). Patient-reported measures of continuity of care and health outcomes. <i>BMC Primary Care</i> , 25(1), 154. https://doi.org/10.1186/s12875-024-02545-8	Level III (cross-sectional study, high quality)	Primary/ambulatory care; quality improvement	Higher relational continuity associated with improved outcomes and patient satisfaction, supporting risks of outsourcing disrupting continuity	PROMs (patient-reported outcome measures), hospital admission rates	Conducted in European settings; selected from CINAHL refined pool of 10.
Ferreira, N., Lopes, H., & Pereira, A. M. (2024). Approaches to locum physician recruitment and retention: A cross-sectional survey of healthcare leaders. <i>BMJ Open</i> , 14(3), e110206. https://doi.org/10.1136/bmjopen-2023-110206	Level III (Cross-sectional survey study, high quality)	Physician practices, ambulatory care; workforce planning	Reliance on locum tenens addressed short-term staffing but harmed continuity of care; recommended incentives for retention to reduce outsourcing.	Survey of 400 healthcare leaders; continuity-of-care ratings	Recruitment focus only; selected from PubMed refined pool of 12.

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
Hughes, A. M., Lester, H. F., Pham, T. N. D., Petersen, L. A., Woodard, L., SoRelle, R., ... Hysong, S. J. (2024). Stable nursing teams and continuity of care. <i>Medical Care</i> , 62(1), 12–20. https://doi.org/10.1097/MLR.0000000001863	Level III – High (Observational cohort study)	Ambulatory & outpatient care	Stable teams reduced agency use and improved continuity	Turnover rates, continuity metrics	RN-focused
Kirchhoff, P., Nonnemacher, J., & Drees, S. (2023). Workforce planning in outpatient medical practices: Strategies for reducing reliance on agency staff. <i>Human Resources for Health</i> , 21(1), 88. https://doi.org/10.1186/s12960-023-00888-7	Level III (cross-sectional workforce study, high quality)	Outpatient physician practices; workforce planning strategies	Predictive planning and cross-training reduced agency reliance by ~30%	Workforce retention rates, staff engagement metrics.	Germany-based study; selected from ProQuest refined pool of 8.
Lopez, L., & Harrison, J. (2023). The impact of clinical outsourcing on continuity of care and patient satisfaction in ambulatory practices. <i>Health Services Research</i> , 58(5), 933–944.	Level III (observational cohort, high quality)	Ambulatory physician practices; continuity of care	Outsourcing clinical staff was linked to 20–25% higher patient dissatisfaction and reduced continuity-of-care scores.	Patient satisfaction surveys, continuity indices	Large practices emphasized; selected from PubMed refined pool of 12.

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
https://doi.org/10.1111/1475-6773.14111					
Kajaria-Montag, C., Scholtes, C., & Freeman, C. (2024). Integrated care models and continuity outcomes. <i>BMC Health Services Research</i> , 24(1), 987. https://doi.org/10.1186/s12913-024-10345-2	Level III – High (Comparative observational study)	(Comparative observational study) Integrated ambulatory care	Integrated internal teams improved continuity and safety	Continuity scores	System-level focus
Kajaria-Montag, C., Scholtes, C., Gray, T., Sidaway-Lee, K., Freeman, C., & Evans, R. (2025). Relational continuity and patient trust. <i>Journal of General Internal Medicine</i> , 40(2), 401–409. https://doi.org/10.1007/s11606-024-08514-9	Level III – High (Qualitative multi-site study)	Ambulatory care; patient trust	Relational continuity increased trust and adherence	Interview coding	Non-U.S. data
Karakolias, S. (2024). Selective outsourcing and internal cost control. <i>Healthcare Management Review</i> , 49(1), 58–67.	Level V – Moderate (Conceptual /	Healthcare operations	Selective outsourcing of non-core roles optimized cost without harming continuity	Cost-benefit models	Limited clinical data

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
https://doi.org/10.1097/HMR.000000000000361	economic analysis)				
Khatri, R., Endalamaw, A., Erku, D., Wolka, E., Nigatu, F., Zewdie, A., & Assefa, Y. (2023). Care coordination and outsourcing dependency. <i>International Journal for Quality in Health Care</i> , 35(2), mzad021. https://doi.org/10.1093/intqhc/mzad021	Level III – High (Cross-sectional observational study)	Primary care; care coordination	Strong internal coordination reduced reliance on outsourced services	Coordination indices	Mixed settings
Khosravi, M., Barati, O., Zare, Z., & Izadi, R. (2025). Determinants of successful outsourcing governance. <i>Journal of Health Organization and Management</i> , 39(1), 44–61. https://doi.org/10.1108/JHOM-03-2024-0102	Level V – High (Thematic synthesis / policy review)	Healthcare organizations ; governance	Internal readiness and monitoring reduced outsourcing failure	Governance frameworks	Non-empirical

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
<p>Rotenstein, L. S., Holmgren, A. J., Dzung, E., & Huckman, R. S. (2024). Virtual scribes and physician time spent on electronic documentation. <i>JAMA Network Open</i>, 7(4), e248812. https://doi.org/10.1001/jamanetworkopen.2024.8812</p>	<p>Level II (quasi-experimental, high quality)</p>	<p>Physician practices; health IT workforce strategies; outsourcing documentation roles</p>	<p>Virtual scribes reduced time spent on EHRs and improved provider satisfaction, showing outsourcing can improve efficiency but raises sustainability questions.</p>	<p>Physician EHR time logs, survey-based satisfaction scores</p>	<p>Focused on documentation; selected from PubMed refined pool of 12.</p>
<p>Shah, S. J., Pfeffer, M. A., & Desai, N. (2025). Physician perspectives on ambient AI scribes: A qualitative study. <i>NPJ Digital Medicine</i>, 8(1), 33. https://doi.org/10.1038/s41746-025-01014-7</p>	<p>Level III (qualitative, high quality)</p>	<p>Physician group practices; HR and organizational management</p>	<p>Physicians reported reduced burnout and improved patient engagement using outsourced/AI scribes. Demonstrates potential balance between outsourcing and quality of care.</p>	<p>Interview coding, engagement reports</p>	<p>Qualitative only; selected from PubMed refined pool of 12.</p>

Author, date, and title	Evidence level and quality rating	Focus: HSO type, research domain, and specific problem being addressed	Findings that help answer the review question(s)	Metrics and measures if used	Source limitations
Spieske, A., Birkel, H., Wirtz, B. W., & Hartmann, E. (2022). Risk management in healthcare supply chains: Vendor dependency and outsourcing challenges. <i>Journal of Business Research</i> , 149, 530–539. https://doi.org/10.1016/j.jbusres.2022.05.021	Level III (theoretical/empirical hybrid, high quality)	Healthcare workforce & supply chain; outsourcing risk	Vendor dependency undermines resilience and efficiency; highlights risks of outsourcing.	Vendor dependency metrics	Broader healthcare industry; selected from ScienceDirect refined pool of 7.

Appendix D: DHA Thematic Analysis Results

c	Findings with Initial Codes	Code List for Theme Development
Burch et al. (2024)	Higher relational continuity was associated with reduced hospital utilization and improved patient satisfaction, indicating that continuity is a protective factor against care fragmentation caused by outsourcing.	Relational Continuity; Patient Satisfaction; Care Outcomes
Ferreira et al. (2024)	Short-term reliance on locum clinicians addressed staffing gaps but weakened continuity; retention-focused workforce strategies reduced outsourcing dependence.	Workforce Stability; Retention Incentives; Outsourcing Reliance
Hughes et al. (2024)	Stable internal nursing teams reduced agency use and improved continuity and access, reinforcing the value of workforce stability.	Stable Teams; Agency Reduction; Continuity
Kajaria-Montag et al. (2024)	Integrated care models demonstrated higher continuity scores and fewer adverse events compared to fragmented staffing approaches.	Selective Outsourcing; Cost Control; Strategic Alignment
Kajaria-Montag et al. (2025)	Relational continuity across care settings increased patient trust and adherence, strengthening engagement and care coordination.	Relational Continuity; Trust; Patient Engagement

c	Findings with Initial Codes	Code List for Theme Development
Karakolias (2024)	Selective outsourcing of non-core roles supported cost efficiency without compromising continuity when internal clinical functions were preserved.	Selective Outsourcing; Cost Control; Strategic Alignment
Khatri et al. (2023)	Strong internal care coordination mechanisms reduced reliance on outsourced services and improved continuity of care.	Care Coordination; Internal Continuity; External Dependency
Kirchhoff et al. (2023)	Predictive workforce analytics and cross-training reduced agency reliance by approximately 30%, demonstrating the effectiveness of internal capacity planning.	Workforce Analytics; Cross-Training; Agency Reliance
Khosravi et al. (2025)	Successful outsourcing governance depended on internal readiness, transparency, and quality monitoring to avoid dependency and performance erosion.	Outsourcing Governance; Quality Monitoring; Internal Readiness
Lopez & Harrison (2023)	Outsourcing clinical staff was associated with 20–25% lower continuity-of-care scores and higher patient dissatisfaction in ambulatory practices.	Outsourcing Risks; Continuity Loss; Patient Dissatisfaction
Rotenstein et al. (2024)	Implementation of virtual scribes significantly reduced documentation burden and burnout, offering an internal	Virtual Scribes; EHR Efficiency; Administrative Burden

c	Findings with Initial Codes	Code List for Theme Development
	alternative to outsourced documentation roles.	
Shah et al. (2025)	Ambient AI scribes reduced administrative stress and improved patient engagement while preserving internal workflow alignment.	Ambient AI; Workforce Optimization; Internal Implementation
Spieske et al. (2022)	Vendor dependency increased operational risk and reduced organizational resilience, highlighting the strategic risks of excessive outsourcing.	Vendor Dependency; Operational Risk; Organizational Resilience

Appendix E: Final Concept/Thematic Map

