



Cardiology at a crossroads: 2025 ownership trends, technology and the path forward



To better understand the current landscape for cardiology practices, Becker's Healthcare and NextGen Healthcare recently surveyed leaders from 136 cardiology practices. 42% of surveyed practices are affiliated with a hospital or health system, one-third (30%) are privately owned, while 28% are part of a consolidator or PE backed group.

Participants' answers focused on the most common challenges facing cardiology practices, best practices across different ownership types and the role of technology and innovation in supporting clinical excellence and growth.

Below are key findings and insights from the survey.

Persistent operational challenges

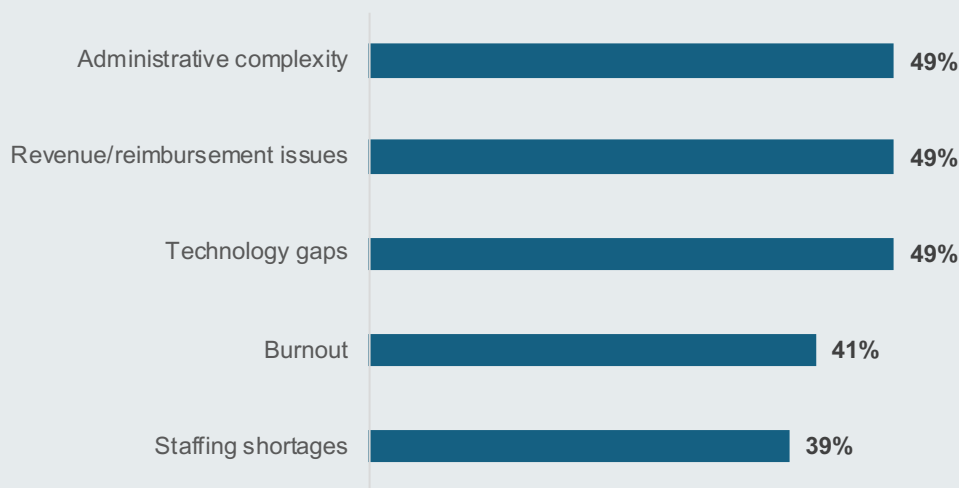
Although independent cardiology groups continue to value autonomy, all of the independent practices surveyed indicated they are exploring affiliation options.

Many are experiencing financial stress and increasing pressure in trying to manage growing administrative burdens with limited technology infrastructures. The top operational hurdles faced by independent cardiology practices include administrative complexity, revenue and reimbursement issues and technology gaps.

Independently owned practices experience multiple limitations associated with their EHR. The top problem was limited patient experience tools followed by poor integration, revenue cycle management challenges and a lack of cardiovascular clinical content.

According to the [American College of Cardiology](#), Medicare reimbursement cuts in the early 2000s motivated many cardiologists to affiliate their practices with hospitals and health systems. With the growing trend toward outpatient cardiology care, some practices are now choosing to join or affiliate with private equity (PE) backed groups.

What are your biggest operational challenges?



What’s next for independent practices

More than half (51%) of independent practices said they are considering alignment with a managed services organization (MSO) or consolidator within the next 12 months. 49% are currently exploring options. None of the survey respondents in the independent practice category indicated that they are maintaining the status quo and not considering joining an MSO or consolidator.

Many cardiologists see affiliation in independently owned practices as a possible strategic option. These cardiologists are interested in models that preserve clinical control while offloading operational complexity.

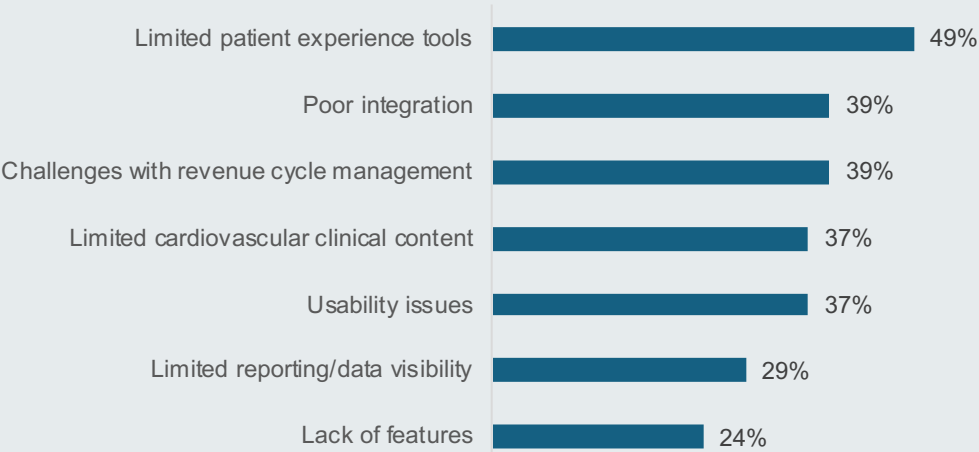
Pathways for this type of supported independence include partnering with MSOs, working with specialized technology vendors and evaluating EHR add-ons or overlays that offer cardiology-specific tools.

To boost financial performance, independent cardiology practices are deploying a variety of strategies, including better billing technology (54%), expanded service offerings/volume (51%), outsourcing of revenue cycle management (49%) and staff optimization (46%).

The survey respondents anticipate that AI will be most helpful with billing and coding (59%), diagnostic support (51%), documentation and charting (46%) and patient communication (41%).



What current limits does your EHR have?



Are you actively exploring becoming independent?



Affiliated practices' path to independence

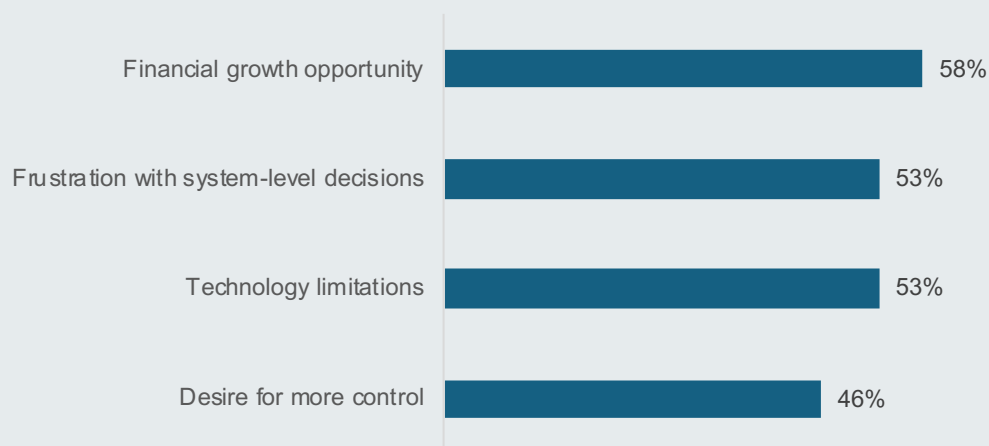
Among cardiology groups that are affiliated with hospitals and health systems, there is increasing frustration with centralized decision-making, outdated infrastructure and misaligned system goals.

As a result, many practices are exploring a shift to an independent practice model. The survey data shows that 65% of affiliated practices are actively exploring becoming independent: 18% plan to break away from the current affiliation within 12 months and another 47% are actively exploring independence, but on a longer timeline. The remaining 35% of affiliated practices aren't currently focused on a path to independence, although they have discussed it.

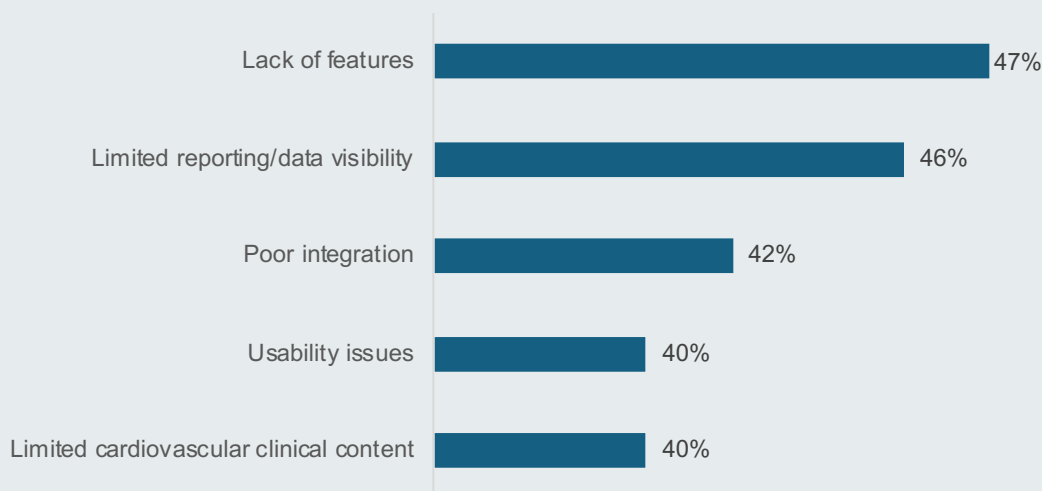
Among the specific challenges motivating affiliated practice groups to consider becoming independent are the financial growth opportunity, frustration with system-level decisions, technology limitations and a desire for greater control.

Included among the technology limitations that frustrate cardiologists in affiliated practices are limits of their organization's EHR, like lack of features, limited reporting and data visibility and poor integration. Like independent cardiology practices, affiliated practices also reported challenges related to limited cardiovascular clinical content.

What challenges are motivating your consideration to go independent?



What current limits does your EHR have?

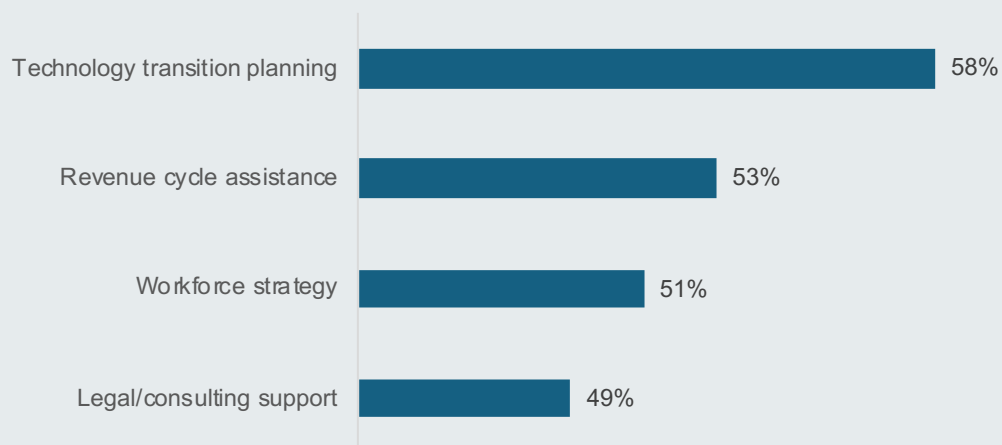


Only 25% of affiliated practices say they are very prepared to navigate the transition to independence, with almost half (46%) feeling somewhat prepared. The rest of respondents (30%) are either neutral, somewhat unprepared or not prepared at all. This highlights the complexity of breaking away from a system-level infrastructure.

Due to challenges and frustrations associated with affiliation, many affiliated cardiology practices are actively exploring independence. They realize that undertaking such a transition will require substantial support in planning, tech migration and revenue cycle assistance.

As affiliated practices contemplate pursuing independence, they could use support in several key areas including technology transition planning, revenue cycle modernization, workforce strategy and legal and consulting support.

What support would be most helpful in evaluating or pursuing independence?



PE-backed practices: Scaling insights and automation

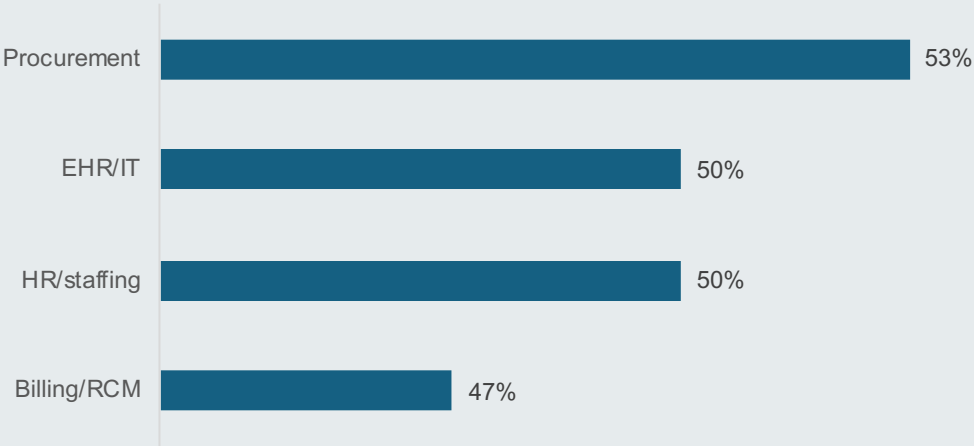
Many PE-backed and consolidator-affiliated cardiology groups are already operating at scale and in many ways are best positioned to continue to invest in next-generation technology to operationalize their scale and unlock even greater return on investment.

Most PE-owned practices have some degree of autonomy in their EHR/practice management (PM) tech vendor decisions. Over one-third (37%) are fully autonomous in these decisions and another 42% have some decision-making latitude. Only 21% say that they have limited input (13%) or that all technology vendor decisions are made centrally (8%).

However, centralization of certain activities by a parent organization provides PE-backed practices with greater efficiency. The types of services that tend to be centralized include procurement, IT, HR and billing/RCM.



Which services are handled centrally by your parent group?



What are your biggest data integration challenges?



Friction around integration, data quality and analytics

Nearly three-quarters (71%) of PE-backed practices are satisfied with their current EHR and practice management solutions: 37% are very satisfied and 34% are somewhat satisfied, with 26% being neutral.

However, even though PE-owned practices are generally satisfied with their EHR/PM solutions, they are still experiencing a host of data integration challenges. These include reporting complexity, lack of real-time access, data quality and disparate systems.

AI also shows promise for this segment of cardiology practices. Over two-thirds (68%) are at least somewhat comfortable exploring AI use. Still, one-third of PE-owned practices (32%) feel neutral about AI, signaling room to grow as use cases become clearer.

As these PE-backed practices strive to scale, focus areas are data unification, centralized reporting and analytics, greater EHR functionality, AI-driven revenue cycle automation and workflow standardization that supports flexible configuration.

PE-backed cardiology practices are operationally advanced compared to other segments of practices but they still face friction about data quality, integration of disparate systems and analytics capabilities that limit creation of scalable insights.





Common themes and challenges

Regardless of the ownership and organization structure of cardiology practices, common themes emerged from the survey. Cardiologists desire clinical control but see significant advantages in relationships that can lessen the administrative burden, modernize operations and help optimize finances and enhance revenue.

Many practices are experiencing poor EHR integration. Strategies that practices are exploring include enhancing their EHR functionality, upgrading the practice's billing technology, outsourcing RCM, optimizing staffing and expanding their service lines.

At the same time, a common theme among all types of practices is the desire for greater data visibility and better analytics. Curiosity about AI is widespread, though comfort levels with AI and adoption vary widely per segment. Among practices gaining experience with AI, they already see it as a key enabler, particularly in billing and coding.

What's next: Turning insights into action

Each strategy offers meaningful value, but the right path forward depends on your organization's unique goals, challenges and readiness. The next step? A 30-minute Efficiency Audit can help you identify where to start and where your biggest opportunities lie – and how to begin building toward smarter, more sustainable growth.

[Schedule a 30 Minute Efficiency Audit Now](#)