

Introduction

- ❑ The National Practitioner Data Bank (NPDB) is a nationwide, electronic repository that collects information on medical malpractice payments and certain adverse actions related to health care practitioners, entities, providers, and suppliers.
- ❑ In this study, we examined if hospital characteristics can account for variance in clinical privileges action reports from hospitals to the NPDB.
- ❑ We examined following characteristics:
 - Hospital size based on number of beds
 - The U.S. Census geographical region of the hospitals
 - Decentralized vs. Centralized Hospital Systems
 - Hospital Ownership (e.g., Private, Federal, State)

Hospital Location

Geographical Location	Adjusted Odds Ratio	95% Confidence Interval	
		Lower Bound	Upper Bound
U.S. Census Division			
Reference category: East South Central			
New England	1.82	1.62	2.03
Mid Atlantic	1.9	1.73	2.09
East North Central	1.36	1.24	1.49
West North Central	0.78	0.71	0.87
South Atlantic	1.59	1.46	1.75
West South Central	0.83	0.75	0.91
Mountain	1.37	1.24	1.52
Pacific	2.28	2.09	2.5
U.S. Census Region			
Reference category: Midwest			
Northeast	1.71	1.62	1.82
South	1.04	0.99	1.1
West	1.7	1.61	1.79

Hospital Ownership

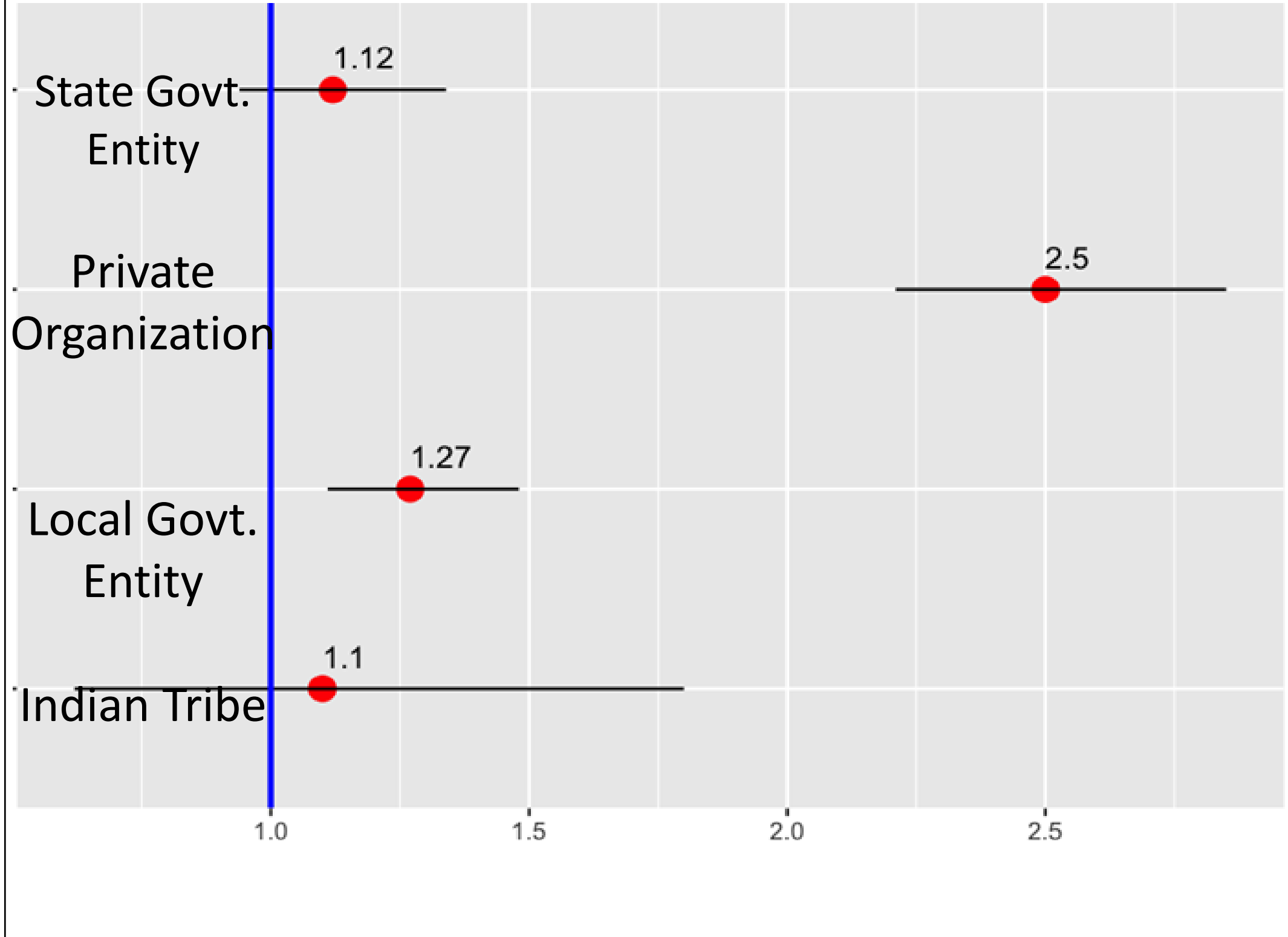


Figure 2. Adjusted odds ratios and 95% confidence Internals for the link between ownership of hospital and clinical privileges action reporting

Results

- ❑ Privately-owned hospitals were more likely to report clinical privileges actions regarding physicians than federally-owned hospitals.
- ❑ All indicators showed that larger hospitals had higher odds of reporting clinical privileges actions than smaller ones.
- ❑ Hospitals in the West and Northeast showed greater odds of reporting clinical privileges actions on physicians to the NPDB, relative to hospitals in the Midwest.
- ❑ Hospitals in micro or rural areas were about 40 – 80% less likely to report clinical privileges actions on physicians compared to hospitals in metro areas.
- ❑ Centralized hospital systems, relative to the decentralized ones, showed greater odds of reporting clinical privileges actions.

Hospital Size

AHA Hospital Indicators	Adjusted Odds Ratio	95% Confidence Interval	
		Lower Bound	Upper Bound
Reference category: Small hospital (under 100 beds)			
Medium (100 to 399 beds)	4.09	3.5	4.79
Large (400+ beds)	9.1	7.58	10.96

Hospital Location

Hospital Location	Adjusted Odds Ratio	95% Confidence Interval	
		Lower Bound	Upper Bound
Metropolitan Statistical Area			
Reference category: Rural			
Urban	2.48	2.12	2.91
Core Based Statistical Area			
Reference category: Metro			
Micro	0.63	0.52	0.76
Rural	0.23	0.18	0.3

Hospitals without Reports

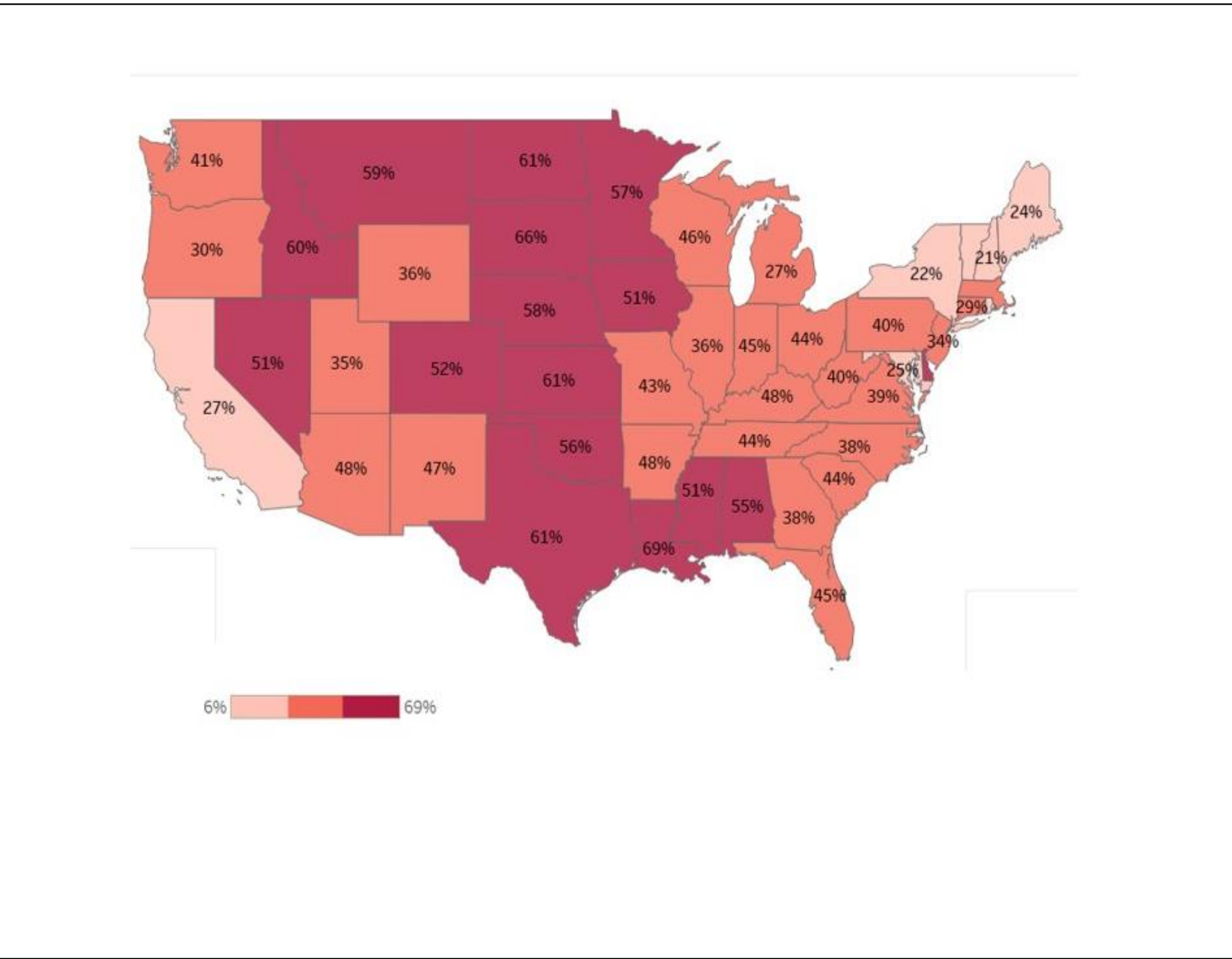


Figure 1. Percentage of all type hospitals without reports to NPDB across different states.

Conclusions

Our analyses show that where a hospital is located, how big it is, and how its executive decision-making process is structured, seem to impact whether or not the hospital reports clinical privileges actions against its physicians to the NPDB

Contact

Dr. Harnam Singh
HSingh@HRSA.GOV

Decentralized vs Centralized

Degree of Centralization of Hospitals	Adjusted Odds Ratio	95% Confidence Interval	
		Lower	Upper
Reference category: Decentralized Health System			
Centralized	1.54	1.25	1.9
Centralized Physician/Insurance	1.19	0.9	1.55
Independent	0.35	0.27	0.45
Moderately Centralized	0.97	0.8	1.17