ASSOCIATION BETWEEN DAYS OF CARE AND HOSPITAL OWNERSHIP, 2005: EVIDENCE FROM THE NATIONAL HOSPITAL DISCHARGE SURVEY

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Abstract: Conflicts of interest are generated in the process of organizing, delivering and financing health care. In the United States these conflicts are generated by nonprofit and for-profit corporate entities and government agencies (Thomas et al, 2004). The effect of type of hospital ownership has been the subject of research and debate over the past several years (Eckholm, 1994; Tomsho, 1994). However, different corporate entities generate different levels of conflicts and magnitudes. A major concern in these conflicts is the transformation of non-profits hospitals into for-profit hospitals in past decade. The infectiveness of government hospitals in delivering care due to revenues cuts is another major concern to quality of care delivery. These changes in ownership that impacts policy are design to control cost and increase profit margins. Due to its unit factor, the numbers of days of care are major factor in a hospital’s bottom line. However, it is not clear whether hospital ownership affects the days of care. The purpose of this study was to examine the effects of hospital ownership on the number of days of care. We analyzed data from of 375,372 patients from the 2005 the National Hospital Discharge Survey (NHDS). A total of 375,372 patients were analyzed. The median age of the patients was 59 years. Of these 220,818 (58.83%) were female and 154,554 (41.17%) and 52.87% were Caucasian, 13.01% African Americans and 5.44% were other ethnicities. For Hospital ownership, 81.02% were nonprofit, including church, 10.47% proprietary and 8.51% government. The median days of care in a hospital were 3 days. The major source of payment was Medicare (34.47%), Medicaid (18.12%) and Private (HMO) (17.08%) respectively. Majority of the type of admissions was emergency (42.44%) and 79.52% of the patients were discharged from the hospitals through normal routine discharge. There are significant (t=126.07, P<0.0001) mean differences in days of care between nonprofit and for-profit. The means days of care for nonprofit hospitals were 5.3032 compared to 4.7084 for for-profit hospitals. Results for ANOVA show that there are significant (F=126.07, P<0.0001) mean differences among hospital groups (Government, Proprietary and Nonprofit). In logistic regression analysis, the odds of patients staying longer in a hospital that is nonprofit are 1.488 times greater than that for patients who stays in a for-profit hospital. We can conclude that there are significant differences in mean days of care between nonprofit and for-profit hospital hospitals and the odds of patients staying longer in nonprofit hospitals was about 1.5 times higher compared to for-profit hospitals. We recommend that polices that address the transformation of nonprofits into for-profit hospitals must address the number of days of care especially for vulnerable and underserved populations.