

# Family Physicians' Hospital Privileges in Arizona

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The Mountain States have traditionally been considered "safe" areas in which family physicians encounter little difficulty obtaining hospital privileges. However, certain areas of the Mountain States, particularly in the "Sunbelt" region, have experienced rapid growth in population during the past few years, and factors traditionally associated with hospital privilege problems (physician surplus and economic competition) now exist.<sup>1,2</sup>

Arizona is one such Sunbelt state. Hospital privilege problems are now being reported by family physicians in Arizona.<sup>3</sup> Therefore, the Arizona Academy of Family Physicians surveyed its 440 active members by questionnaire to determine the extent of hospital privilege problems in Arizona.

## METHODS

The questionnaire listed 26 different hospital privileges and asked physicians to respond, yes or no, about whether they held each of the privileges. Those who responded that they did not have a particular privilege were asked to indicate whether the privilege had been denied after being specifically applied for, or whether the privilege had not been requested.

## RESULTS

One hundred fifty-two (36.2 percent) of the questionnaires were returned. Of the 152 respondents, 14 (9.2 percent) reported that they did not care for hospitalized patients at all. None

of these physicians had been denied hospital privileges.

The other 138 (90.8 percent) responding physicians did have a hospital practice. The majority (64 percent) practiced in Arizona's population centers of Phoenix and Tucson. Nearly one half (44.7 percent) of the physicians were residency trained in family practice, and three quarters (77.6 percent) were board certified.

## Hospital Privileges

Table 1 illustrates the percentage of responding physicians who had various hospital privileges. In the vast majority of cases, when physicians indicated that they did not have a particular privilege, the reason was simply that they had not applied for it.

However, 14 (10.1 percent) Arizona family physicians reported that they had been denied certain privileges after specifically requesting them. Denial was reported twice as frequently by physicians in Phoenix and Tucson (12.5 percent) than by those in rural areas (6.1 percent), although this difference was not statistically significant ( $\chi^2 = 1.47, P > .1$ ).

The privileges that had been denied to these 14 physicians included privileges for 23 different clinical skills. The majority were related to obstetrical care: dilation and curettage (4 physicians had been denied privileges for this procedure), normal vaginal delivery (3), cesarean section assisting (2), repair of fourth-degree tear (1).

Two physicians had been denied privileges to use the adult intensive care unit. In addition, individual physicians were denied privileges for appendectomy, general surgery assisting, vasectomy, sigmoidoscopic biopsy, epidural anesthesia, and thoracentesis-paracentesis.

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**TABLE 1. ARIZONA FAMILY PHYSICIANS WITH VARIOUS HOSPITAL PRIVILEGES (n = 138)**

Clinical Privileges	Percentage of Physicians With This Privilege
General adult inpatient care	97.1
Coronary care	84.8
Adult intensive care	86.2
Insert central venous catheter	39.1
Ventilator management	32.6
Insert Swan-Ganz catheter	5.0
General child inpatient care	94.2
Normal newborn care	92.0
Newborn circumcision	84.8
Child intensive care	43.4
Neonatal intensive care	23.9
Routine vaginal delivery	50.0
Low forceps delivery	42.8
Manual placental extraction	44.2
Repair 4th-degree tear	39.1
Breech delivery	28.2
Midforceps delivery	13.0
Primary surgeon	
Appendectomy	15.2
Inguinal herniorrhaphy	15.2
Cesarean section	12.3
Cholecystectomy	11.6
First surgical assistant	
Appendectomy	77.5
Inguinal herniorrhaphy	76.8
Cholecystectomy	76.8
Cesarean section	60.8
Flexible sigmoidoscopy	30.4

**Factors Associated With Clinical Privileges**

Physicians in smaller hospitals were more likely to have privileges for vaginal deliveries ( $\chi^2 = 24.8$ ,  $P < .0001$ ), to assist at cesarean sections ( $\chi^2 = 8.37$ ,  $P = .039$ ), and to be the primary surgeon for cesarean sections ( $\chi^2 = 17.7$ ,  $P = .0005$ ) and appendectomy ( $\chi^2 = 12.5$ ,  $P = .0058$ ). Older physicians were more likely than younger physicians to have general surgical privileges ( $\chi^2 = 19.7$ ,  $P = .0002$ ).

Physicians who completed a three-year family practice residency (generally younger physicians) were more likely than nonresidency-trained physicians to provide critical care services such as ventilator management (53.3 percent vs 20.0 percent;  $\chi^2 = 12.9$ ,  $P = .0003$ ) and inserting central venous catheters (59.7 percent vs 24.2 percent,  $\chi^2 = 14.6$ ,  $P = .0001$ ).

**DISCUSSION**

The most important finding of the survey is that 10.1 percent of responding Arizona family physicians reported that they had been denied certain hospital privileges. In the 1980 survey of members of the American Academy of Family Physicians (AAFP) by Clinton et al,<sup>4</sup> only 1.0 percent of 465 Mountain States family physicians reported being denied routine obstetrical privileges. In the present survey, however, privileges for normal vaginal delivery had been denied to 2.2 percent. While the two surveys are not directly comparable, this finding raises a concern that privilege problems may be occurring with increasing frequency in the Mountain States.

A comparison of this study's data with that of the 1980 AAFP survey also reveals that in 1980 78.3 percent of Mountain States physicians reported performing cesarean sections in their hospital practice and 47.5 percent performed such surgical procedures as appendectomy and herniorrhaphy. Less than 15 percent of Arizona physicians in this current 1985 survey stated that they have such privileges. Thus, general and obstetrical surgical privileges are becoming much less frequent among family physicians.

**CONCLUSIONS**

The results of this study suggest that hospital privilege problems are increasing in Arizona. While the situation in Arizona may not be completely analogous to all Mountain States, it probably is similar to the situation in the other Sunbelt areas of the Mountain region, such as New Mexico and possibly Colorado and Utah.

**References**

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