

Evaluation of the Late Career Practitioner

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Definition of the Late Career Practitioner (at TUH)

- Any practitioner age 74 ½ or older who applies for initial appointment to the medical staff
- Any practitioner at age 75 or older who is currently on the medical staff including allied health professionals who are reapplying for privileges

Evidence that Aging of a Physicians have a Negative Impact on Outcomes-1

- Choudhry NK et al. Ann Intern Med.2005;142:260-273.
 - Systematic review
 - 62 published studies
 - 1/2 the studies showed that outcomes declined with advanced age
 - 1 study showed improvement

Evidence that Aging of a Physicians have a Negative Impact on Outcomes-2

- Tsugawa Y et al. *BMJ*,2017;357:j1797.
 - 736,537 Admissions managed by hospitalists were studied
 - There was a higher mortality rate in patients treated by older physicians.
 - This higher mortality rate was not seen in physicians treating high volumes of patients
- Waljee JF et al. *Ann Surgery*.2006;244(3)353-362
 - 461,000 Medicare patients undergoing major surgery
 - Older surgeons had a higher operative mortality. Differences were small
 - Difference were limited to surgeons with low procedure volumes

Evidence that Aging of a Physicians have a Negative Impact on Outcomes-3

- Hartz A et al. Medical Care 1999
 - 83,547 patients underwent CABG
 - 275 surgeons
 - Adverse outcomes increased with the aging surgeon

Objectives of the Evaluation

- Provide patients with medical care of high quality and safety that protect them from harm
- Identify issues that may be pertinent to the health and clinical practice of medical staff members
- Support members of the medical staff
- Apply evaluation criteria and objectively, equitably, respectfully and confidentially

Temple University Hospital and TUH Campuses

- Newspaper reporter approached Temple University Hospital asking what program we had in place to ensure that older physicians are practicing safely
- This started a dialogue which involved the Credentials Committee and the Medical Executive Committee
- There was a great deal of dialog regarding establishing such a program. The Medical Executive and Credentials Committee decided to adopt a Late Physician Evaluation Program

Who Performs the Evaluation Evaluation

- Clinical Evaluator:
 - Medical Staff Member with similar credentials to that of the late career practitioner will assess the late career practitioners clinical competence
 - Two nominated by the Department Chair
 - One nominated by the Late Career Practitioner
- Who performs the evaluation:
 - Occupational Health Services
 - Family physician
 - Other consultants have input:
 - Neuropsychologist
 - Other specialists as deemed necessary.

Components of the Evaluation

- Comprehensive history and physical examination.
- Cognitive screening:
 - Extensive discussions
 - Mini Mental Status Examination
- Other tests and evaluations by specialists as deemed necessary by the examining physician
- Clinical performance evaluation

Reporting of the Results

- Two simple forms
- History and physical examination report: and Cognitive Evaluation:
 - Attestation that the examination was performed.
 - Clinical privileges were reviewed.
 - No apparent findings that would necessarily preclude the practitioner from performing the privileges requested.
 - Recommendations for further testing.
 - Additional comments.

What Happens to the Reports if Concerns are Identified

- Considered peer protected
- Medical Staff Office
- Department Chair
- Section Chief
- Chair of the Credentials Committee
- Results reviewed with the practitioner
- If recommendations are made regarding modification, restriction or revocation of privileges, the results will be presented to the Medical Executive Committee.
- In the event the practitioner disagrees, they may request a hearing under applicable Medical Staff Bylaws

Neuropsychological Testing-1

- In depth assessment of skills and abilities linked to brain function.
- Performed by a doctoral level Clinical Neuropsychologist.
- Measures:
 - Attention
 - Problem solving
 - Memory
 - Language
 - IQ
 - Visual-spatial skills
 - Academic skills
 - Social-emotional functioning

Neuropsychological Testing

- Controversial
- MMSE
- Screening vs more comprehensive testing
- Typical testing would assess:
 - Premorbid intellectual function
 - Attention/executive function
 - Working memory
 - Cognitive flexibility
 - Inhibitory control
 - Language-naming
 - Mood screening

Concerns of Area Neuropsychologist

- Discrimination based upon age rather than performance
- Lack of normative data for physicians.
- Confidentiality:
 - Who owns the data and how is it being handled
- Litigation
- Diversity issues
- Performing the neuropsychological testing.

Importance of Normative Data (Betsy White Williams Plos One. 2017 Oct 2017)

- Compared published data from four sources
- Significant differences in mean level of performance and standard deviations for physicians were found
- General population normative data was not accurate in neuropsychological evaluations.
- Similar issues with Air Force Pilots.
- Population specific normative values need to be developed if the results of neuropsychological testing is accurate

Review of other Programs that Evaluate Late Career Practitioners

- Age varied (most 74 1/2/ 75)
- Many include neuropsychological testing
- Some include a comprehensive ophthalmology examination.
- One used FCE.
- None use surgical simulators to test surgeons practical skills.
- Forms and feedback similar

American College of Surgeons Statement on the Aging Surgeon(October 2015)

- Does not favor a mandatory retirement age.
- Starting at age 65 to 70, surgeons should undergo voluntary and confidential baseline physical examination and visual testing by their personal physician for overall health assessment
- Surgeons are encouraged to also voluntarily assess the neurocognitive function using confidential online tools
- As part of their professional obligation, voluntary self disclosure of any concerning abnormalities should be reported to the departmental and medical staff or hospital leadership without fear of retribution
- The results of neuropsychological testing should not be used in isolation to determine continuation withdrawal of hospital or surgical privileges

Council on Medical Education(AMA) 2015

■ Recommendations:



- The AMA encourage organizations identified by the AMA to work together to develop preliminary guidelines for the assessment of the aging/Late Career physician and develop a research agenda that could guide those interested in the field and serve as the basis for guidelines more grounded in research find
- New document being prepared for 2020 for presentation to the AMA House of Delegates

AMA Code of Ethics

- Requires physicians to maintain their health and wellness and when an issue arises take measures to mitigate the problem, seek appropriate help is necessary and engage in an honest self-assessment or their ability to continue practicing.

California Public Protection and Physician Health 2014

- Cosponsored by the California Medical Association, California Hospital Association and the law firm of (Procopio, Cory, Hargreaves and Savitch)
- Comprehensive review and recommendations regarding the topic
- Template for many of the programs that were developed

Age Discrimination

- Federal and state laws prohibiting state age discrimination have exceptions
- Physical and cognitive decline associated with age has been recognized by Congress, state legislatures and courts as posing risks in the workplace post of the employee and others
- Mandatory retirement ages have been imposed through legislation and by industries responsible for public safety

Disability Discrimination 1

- The Federal rehabilitation act of 1973 and the ADA prohibits adverse employment action based upon an individual's disability.
- The law implicitly recognizes the right of employers to consider the disability in terms of whether an individual can safely perform their job
- The laws place a certain limit on the stage at which health-related inquiries can be made and the scope of any inquiry
- An employer may make disability related inquiries and require medical examination only if they are job-relatedness consistent with business necessity

Disability Discrimination 2

- Employers may require periodic examinations of employees in positions affecting public safety
- The ADA does not protect employees when examinations are required by safety regulations and where the provider poses a direct threat to the health and safety of other individuals in the workplace

Reasonable Accommodation

- The hospital must provide an interactive process with the physician aimed at finding a way to reasonably accommodate them to enable him or her to practice safely
- If after concerted effort to accommodate the practitioner, the medical staff determines the practitioner still poses a public safety risk, it may then take action against that individual without violating the ADA
- Cases are viewed on an individualized basis

Conclusions

- There is evidence of increased morbidity/mortality in older physicians
- Volumes of patients appear to be confounding variable.
- Some institutions have launched evaluation programs for the late career physician which I believe is premature
- Focus should be on collecting data to establish norms for physicians which make interpretation of neuropsychiatric testing more accurate
- Judgement regarding credentialing should not be based upon the medical/neuropsychiatric evaluation of the aging physician in isolation. Clinical performance should be considered a major portion of the evaluation