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 Physicians have a Negative Impact on Outcomes

  - Systematic review
  - 62 published studies
  - ½ 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.
  - Differences 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 Chai
    - 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
- 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.
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