a VITAL WorkLife article

The Challenges and Opportunities of the Aging Physician

By Liz Ferron, MSW, LICSW

Coming up in the article:

- How to maximize your aging physician's wealth of knowledge.
- A discussion on retirement ages, mandatory screenings and length of stay.
- Steps to creating an off-boarding program for physicians.

The American medical profession is aging at a rapid rate. A 2017 research report in *JAMA Surgery* notes since 1975 the number of practicing physicians in the US aged 65 and older increased by more than 374 percent. In 2015 nearly one in four practicing physicians was at least 65 years old.[1] And there's no mandatory retirement age for physicians in the United States, as there is for airline pilots on international routes who must retire at 65.[2]

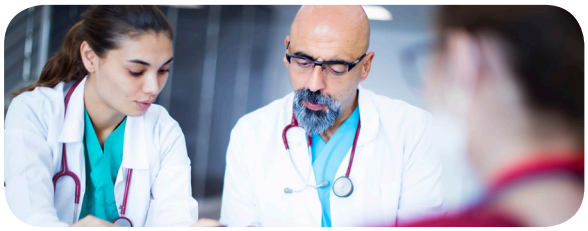
The graying of the profession has prompted concerns about quality of care and patient safety. It's a sensitive issue and it can pit potential age discrimination against quality of care.

Should there be a mandatory retirement age for physicians like there is in the aviation industry? Aartjan T.F. Beekman, MD, PhD, a Dutch psychiatrist who contributed to a recent study of aging physicians doesn't think so. "Any set age limit," he writes, "would both tend to miss some malfunctioning physicians and incriminate many others who function well."[3]

1. "Physician Retirement Age: How Old Is Too Old?" Medical News Bulletin, September 29, 2017

2. Notices: FAA Safety Team, December 14, 2007

3. "Experts Revisit Mandatory Age-Based Cognitive Testing for Physicians," Medscape Medical News, July 4, 2018



The Search for Screening Solutions

Some feel mandatory screening of older physicians is a basic responsibility of healthcare organizations or the federal government; while others think a universal age-blind screening system should be put in place. So far there's no consensus, as James N. Ellison, MD and colleagues note in a Medscape Medical News article reviewing a recent study of the issue. "It's a matter of how do we recognize [a problem] and how do we address it? Should there be a policy put into place? That's not to say that there's only one way, but we need to talk about how best to do it," study co-author Iqbal Ahmed, MD, tells Medscape.[4]

With patient safety and optimal care paramount in every organization, concern about possible medical errors or sub-standard care by aging physicians isn't just reasonable, it's obligatory. Yet coming to terms with the challenges posed by an aging medical profession has proved to be a challenge in itself.

To begin with, linking the age of the physician and medical errors is difficult. A 2015 report from the AMA showed clinicians age 60 and older displayed poorer performance than younger practitioners on certain quality measures including mortality and length of stay.[5] However, Joel A. Kupfer, MD, who has researched the issue, notes on the HealthIT Analytics website: "several studies about the relationship between quality and age have been inconclusive, [with] variable patient characteristics and outcomes beyond the provider's control as complicating factors."[6]

Some programs designed to forestall problems with older physicians have struggled. A case in point is Stanford University's Late Career Practitioner Policy, established in 2012, which requires physicians over 75 to undergo a health screening every two years and a "peer assessment" of their clinical skills. The measure was met with intense opposition when it was rolled out and was declared discriminatory by the Stanford Faculty senate two years later.[7] However, it remains in place with Norman Rizk, the chief medical officer of Stanford Health Care at the time stating, "We tried to proceed in a pragmatic fashion that honors everybody's contributions and is mindful of risk."

4. "Experts Revisit Mandatory Age-Based Cognitive Testing for Physicians," Medscape Medical News, July 4, 2018

5. "Competency and the Aging Physician," American Medical Association, 2015

6. "Do Aging Physicians Present Care Quality, Patient Safety Risks?" HealthIT Analytics

7. "Competency Screening of Older Doctors Roils Stanford Faculty," Palo Alto Online, May 15, 2015

40K-100K ESTIMATED **PHYSICIAN SHORTAGE** BY 2030[8]

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With Age, Comes Knowledge

Regardless of how the testing and evaluation issue evolves, one thing is clear: older physicians are extraordinarily valuable to the organization, colleagues and patients as their years of experience and knowledge cannot be simply replicated or replaced. Additionally, as we face an escalating physician shortage we want to retain all physicians whose clinical skills enable them to provide a high quality of care.

How then, do we retain aging physicians and take advantage of their value? Are there ways for older practitioners to both acknowledge the limitations age brings them and still be active and honored contributors? The answer is yes.

Healthcare organizations should create programs to allow older physicians to transition into new roles, new responsibilities and new relationships within their calling.

Creating a program like this could reduce their workloads, narrow their scope of practice and give them environmental aids like simplified documentation; all can be helpful in reducing medical errors. Additionally, creating a program focused on gleaning their wisdom while they are transitioning to a less active practice or toward retirement could be an even greater win—a triple win: for the older physician whose skills and experience are being honored; for the younger physician who benefits from this transfer of knowledge; and for the organization as they gather precious institutional knowledge dating back many years.

Such a program could include:

- Opportunities to mentor and assist in the onboarding of younger physicians to the organization.
- Participation in care teams as an advisor/mentor.
- Institutional support for writing scientific and scholarly papers or teaching in local institutions; this could help cement the reputation of the organization.
- Reduced/flexible hours—with some adjustment in salary matching the reduction in call schedules.
- Help from the institution in planning the next phase of the older physician's life and career, whether it's retirement or something else. This could include psychological and even spiritual counseling to help in the transition.

8. "Census of Actively Licensed Physicians in the United States," Federation of State Medical Boards, 2016

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ABOUT VITAL WORKLIFE

VITAL WorkLife, Inc. is a national behavioral health consulting practice supporting all dimensions of well being. Our healthcare solutions are designed specifically to meet the unique needs of physicians and providers. Our team of licensed master's and doctorate level senior consultants, physician peer coaches, psychiatrists and other specialists have deep experience in issues surrounding physician performance, satisfaction and retention. Our ultimate goal is to proactively help physicians and organizations address issues before they escalate to the point of affecting performance and patient safety.

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As our Physician Practice Lead, Liz Ferron manages Physician Well Being Resources for VITAL WorkLife, as well as oversees all solutions of our healthcare clients. Liz provides training, consultation, counseling and coaching to healthcare administrators and individual practitioners in many areas, including stress management, change management and conflict resolution. Liz is a Licensed Independent Clinical Social Worker and received her MSW degree in clinical social work from the University of Minnesota. She was also a consultant for the Earl E. Bakken Center for Spirituality & Healing at the University of Minnesota. She has served three terms as President of the Minnesota Employee Assistance Program Administrators and Counselors (MEAPAC) and is a former adjunct faculty member at the College of St. Benedict.

The program would be a reverse version of the onboarding programs physicians went through in the beginning of their careers. It would also be a creative adaptation and amplification of the "phased retirement" plans in place in many sectors of the economy. For example, Mercy Health System in Janesville, Wisconsin has a "Work to Retirement" program for its nurses where schedules are made very flexible and jobs are redefined or created to match the needs of the older employee and the organization.[9]

Ultimately, if older physicians can trust they will be treated fairly, they will be more likely to agree to assessments or to a specific age for entry into the program. "Both ethical and economic debates about screening tend to tip when the perspective of those screened [see] positive change," Dr. Beekman notes.[10] If they see the assessments are part of a wider program like we're describing, one designed to benefit, respect and learn from them, their buy-in is likely to be even greater and more wholehearted.

VITAL WorkLife works with organizations to identify and implement the most effective tools for helping their physicians rediscover the joy of medicine. Learn more by checking out the VITAL WorkLife offerings at our Physician Well Being Resources page.

Sources:

1. "Physician Retirement Age: How Old Is Too Old?" Medical News Bulletin, September 29, 2017
2. Notices: FAA Safety Team, December 14, 2007
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8. "Census of Actively Licensed Physicians in the United States," Federation of State Medical Boards, 2016
9. "Phased Retirement and Flexible Retirement Arrangements: Strategies for Retaining Skilled Workers," AARP.org
10. "Experts Revisit Mandatory Age-Based Cognitive Testing for Physicians," Medscape Medical News, July 4, 2018

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