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## **Retention Versus Retirement: What's Your Strategy for Aging Physicians?**

"Retirement" as the reason for separation jumped to 18% in 2013, the highest percentage ever reported (representing a 50% increase), according to the 2014 Physician Retention Survey from Cejka Search and the American Medical Group Association (AMGA).<sup>1</sup>

That's an alarming trend given that the American Association of Medical Colleges estimates that by 2020, the United States will face a shortage of 45,000 primary care physicians and 46,100 surgeons and medical specialists.<sup>2</sup>

### **WHAT'S DRIVING DOCTORS TO RETIRE?**

While there's a percentage of doctors who view themselves as "retiring in protest" over healthcare reform, there are other forces driving physicians to opt out earlier today than they did 30 years ago.

"In the past, most doctors worked as long as they could," said Fred Tobis, MD, consulting physician for Physician Wellness Services. "However, baby boomers retiring now are much more aware of other things to do other than practicing medicine."

### **STRUCTURAL IMPEDIMENTS TO RETENTION**

In the past, physicians who owned their own practices were better able to adjust their hours and the number of patients they saw each day.

With just 18.4% of physicians in solo practices today, work schedules and patient loads are more apt to be determined by a physician's employer or partners than personal preference.<sup>3</sup>

"A 65-year old physician is typically expected to see the same number of patients and work the same call schedule as a 35-year old physician," notes Tobis. "Many of the physicians I coach would like nothing better than to cut back on their hours rather than retire completely."

Organizations which want to retain older physicians should consider creating avenues for doctors who want to extend their careers, but can no longer work the call schedules or see the number of patients they once did.

"Healthcare organizations are missing a huge opportunity by not giving physicians options and tracks that would make the transition less drastic," says Tobis. "There's plenty of room for physicians who are older to contribute and take care of patients."

### **DOCTORS WHO DON'T WANT TO RETIRE--BUT SHOULD**

Some doctors once thought they were ready to retire--then their minds were changed by the financial downturn. In fact, 70% of physicians surveyed in 2011 said they planned to work longer until retirement, because their personal savings had been depleted or had not grown as quickly as they had anticipated.<sup>4</sup>

Other doctors continue to practice medicine because they have no identity or activities outside of practicing medicine. "Physicians whose entire focus has been entirely on medicine have a hard time deciding if they should retire and if they do--what are they going to do?" says Tobis.

Yet organizations may face liability if they employ physicians who are putting patients at risk--particularly if sympathetic colleagues have been overlooking or covering for physicians in the early stages of cognitive impairment or dementia.

Clinical competence can be, but isn't always, affected by a range of physiological changes related to aging, including reductions in:

- Visual-spatial acuity
- Short-term memory
- Problem-solving
- Dexterity
- Willingness to adopt new or re-examine old ideas

There is no mandatory retirement age for physicians. Nationally, only 5% to 10% of hospitals have age-based medical-staff policies in place.<sup>5</sup>

Research indicates that:

- Surgeons older than 60, particularly those with low procedure volumes, have higher operative mortality rates than their younger counterparts.<sup>6</sup>
- Adults in their 70s take twice as long to process the same mental tasks as people in their 20s.<sup>7</sup>
- A majority of studies demonstrate a decline in physicians' quality linked to advancing age and the passage of years since their medical school and residency training.<sup>8</sup>
- William Norcross, a geriatrician at the University of California at San Diego, estimates that there are roughly 8,000 doctors with full-blown dementia currently practicing medicine.<sup>9</sup>

Early signs of dementia are often interpreted as disruptive physician behavior according to Deb Wood, senior consultant for Physician Wellness Services (PWS)



"Some older physicians throw scalpels and berate nurses because they've gotten away with those behaviors in the past," says Wood. "When doctors who've never done it before start throwing instruments as they approach retirement age, it may a symptom of impairment."

In an era of physician shortages, how do healthcare leaders retain physicians who want to and are fit to continue practicing medicine?

### **ALTERNATIVES TO MANDATORY RETIREMENT**

Mandating retirement at a specific age would mean the unnecessary loss of wisdom and expertise accrued over a lifetime of practicing medicine.

On the other hand, mandating assessment past age 65 or 70 makes sense. Today most such assessments don't take place until patient safety has been compromised or a negative outcome has occurred.

Screenings should include assessments of physical, behavioral and mental health as well as a cognitive screen.

Physician Wellness Services can assist organizations to:

- Develop policies and guidelines around retirement age and assessments.
- Provide intervention services for doctors exhibiting impairment or early signs of dementia—including an assessment of all underlying issues contributing to the problem behaviors and a fitness for duty evaluation.
- Provide and promote retirement counseling and physician peer coaching to help physicians start planning the progression of their careers.

"There are financial and emotional issues around retirement that many doctors are reluctant to confront," notes Wood. "The retirement plan for many is simply working up until the day they can't work any more."

<sup>1</sup>The Physician Retention Survey, Cejka Search and the American Medical Group Association, August 2014. Accessed 9/19/2014, <http://www.cejkasearch.com/resources/surveys/physician-retention/>

<sup>2</sup>The Physician Retention Survey, American Association of Medical Colleges,

<sup>3</sup>AMA 2012 Physician Practice Benchmark Survey, American Medical Association, September 2013. Retrieved 9/19/14 <http://www.ama-assn.org/ama/pub/news/news/2013/2013-09-17-new-study-physician-practice-arrangements.page>

<sup>4</sup>Jackson & Coker Retirement Survey, August 2011,

[http://www.jacksoncoker.com/documents/jcretirement\\_survey.pdf](http://www.jacksoncoker.com/documents/jcretirement_survey.pdf)

<sup>5</sup>Tarkan, Laurie, "As Doctors Age, Worries About Their Ability Grow," The New York Times, January 24, 2011

<sup>6</sup>Wljee, Jenifer F., MD, MPH; Greenfield, Lazar J, MD; Birkmeyer, John D., MD, MPH; "Surgeon Age and Operative Mortality in the United States," Annals of Surgery, September 2006

<sup>7</sup>Durning, Steven J. MD; Artino, Artino R., PhD; Holmboe, Eric, MD; Beckman, J. MD; van der Vleuten, Cees, PhD; Schuwirth, Lambert MD, PhD; "Aging and cognitive performance: Challenges and implications for physicians practicing in the 21st century," Journal of Continuing Education in the Health Professions. September 2010

<sup>8</sup>Choudhry, Niteesh K, MD; Fletcher, Robert H., MD, MSc; and Soumerai, Stephen B. ScD, "Systematic Review: The Relationship between Clinical Experience and Quality of Health Care," Annals of Internal Medicine, Feb. 15, 2005.

<sup>9</sup>Boodman, Sandra B. "Aging Doctors Face Greater Scrutiny, Kaiser Health News/Washington Post, December 2012

## QuantiaMD: New Presentations by PWS Consulting Physicians

QuantiaMD is a free online community where physicians learn from experts, ask questions and get advice for their practice.

Physician Wellness Services is proud to have partnered with QuantiaMD to develop presentations from and for physicians on wellness-related topics in their Physician Wellbeing community.

Here are three of our most recent presentations:

- "Grief and Loss," featuring PWS consulting physician Ron Groat, MD.
- "Substance Use Disorders in Physicians: PHPs and How they Work," featuring PWS consulting physician Rebecca Hafner-Fogarty, MD.
- "Substance Use Disorders in Physicians: Colleagues in Need," featuring PWS consulting physician Rebecca Hafner-Fogarty, MD.

We encourage you to view them--all are under 10 minutes and provide a wealth of valuable information! While only licensed clinicians may create and participate in posts, the presentations on the site are available to anyone who registers. There are two ways to access these online presentations:

1. Go to <http://www.quantiamd.com/> and enter the title of the presentation you want to see in "Search QuantiaMD" box.
2. If you're not registered, simply go to <http://www.physicianwellnessservices.com/>.
  1. Click on the "Research and News" button fifth from the left on the bar across the top of the page
  2. In the column down the left side of the page, click on the QuantiaMD button under the title "Research and News."
  3. Click on the direct links to the three presentations.