

Research Opportunity: Assessing the State of the Art in Late Career Practitioner Policies

Background

As of 2015, nearly a quarter of practicing physicians were over age 65. Older physicians bring the advantage of long clinical experience to patient interactions, but also are at higher risk of experiencing declines in cognition and sensory abilities. Although cognitive aging and performance decrements occur at different rates for different people,¹ on average, older physicians are more likely than younger physicians to show deficits in knowledge currency and adherence to standards of care.²⁻⁵ Inconclusive, but growing, evidence suggests that patients treated by late career practitioners (LCPs) have worse clinical outcomes.^{1,6-7} These concerns have generated momentum for closer clinical oversight of LCPs,⁸ yet existing scholarship on approaches to oversight is limited.

Some health care organizations have developed formal policies to screen LCPs and refer appropriate practitioners for follow-up evaluation. There is a strong consensus that passive approaches relying on clinicians to report concerns about their own performance or that of their colleagues are insufficient and that there is a need for better tools and policies, but little research exists to guide the development of fair, effective LCP programs.

Project Aims

By collecting, de-identifying, and analyzing current LCP policies, conducting in-depth interviews with healthcare leaders at organizations with existing LCP policies, and convening focus groups with physicians, we aim to:

- 1) Characterize the features of 40 LCP policies, identifying core similarities and points of variation.
- 2) Identify lessons learned about program design, implementation, and physician engagement.
- 3) Understand physicians' perceptions of and willingness to participate in LCP programs.
- 4) Analyze key normative and legal issues critical to the adoption of effective, ethically defensible LCP programs.

Invitation to participate

If your healthcare organization has implemented an LCP policy (or is in the planning stages), we want to hear from you. There are three ways to support the project. Participation can be as simple as submitting the policy to include in our dataset. If you have been involved in the operations of an LCP program, we can schedule a videocall for a brief structured interview. Additionally, we are planning (virtual) focus groups. Finally, if you wish to pass on this information to colleagues, we'd love to hear from them too. The study has been reviewed by the institutional review boards at Stanford and the University of Washington, and our team is supported by the Greenwall Foundation and Roy W Simmons Geriatrics Endowment to Intermountain Healthcare.

About the Research Team

The project is led by [Thomas H Gallagher, MD](#) and [Michelle Mello, JD, PhD](#), whose expertise jointly spans medicine, law, health services research, and bioethics. Drs. Mello and Gallagher have collaborated for over 10 years on projects examining ethical and governance issues in healthcare. Their collaborations have resulted in 10 articles, 7 of them in *NEJM* or *Health Affairs*. Dr. Gallagher received the John M. Eisenberg Award for Individual Achievement in Patient Safety from The Joint Commission and the National Quality Forum. Dr. Mello is a member of the National Academy of Medicine.

The team also includes [Dr. Andrew White](#), a hospitalist, and [Dr. Daniel Kramer](#), an electrophysiologist, [Paulina Osinska, MPH](#) project manager and [Dr. Kelly Davis Garrett](#), neuropsychologist.

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For information, contact Paulina Osinska, MPH, Program Manager
Collaborative for Accountability & Improvement | UW Medicine
1959 NE Pacific St. BB1240 | Box 356526 | Seattle, WA 98195
OFFICE: 206.616.5646 EMAIL: osinsp@uw.edu

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