



Hartford Hospital

Dear Colleague,

The Late Career Practitioner policy has been approved by the MEC and is being implemented here and system wide. A copy of the Policy and FAQs are attached for your reference. This policy applies to practitioners age 70 and above and annually thereafter *with clinical privileges* at an HHC hospital.

This includes:

- new applicants requesting clinical privileges
- members of the Medical Staff (Active & Courtesy Staff)
- members of the Allied Health Staff

The policy excludes the following practitioners:

- telemedicine
- members of the Active Community Affiliate Staff
- members of the Community Affiliate Allied Health Staff

As part of the annual reappointment process required by the policy, on an annual basis, you will be required to have:

- physical exam
- neuropsych testing

Please schedule your appointments as soon as possible by calling:

- HHC Adult Primary Care: **860-622-1999**
- Neuropsych Testing: **860-545-7167**

The examination and testing must be completed in a timely fashion in order for this information to be included and considered for your reappointment. Results will be communicated to the Medical Staff Office in accordance with the policy and workflow.

If you have completed this process at an HHC hospital and are due for reappointment at another HHC hospital within the same year, you will not be required to recomplete the physical examination and neuropsychological testing. The results of these examinations can be provided to that hospital for your reappointment.

If you have any questions, you may contact your department chief for further information.

Sincerely,

Adam C. Steinberg, DO, MBA, FACOG, FACS
HHC Regional Vice President Medical Affairs, Hartford Region

Michael O'Loughlin, MD
President, Medical Staff, Hartford Hospital

Enclosures

Late Career Practitioner Policy

This policy applies to all practitioners with privileges at an HHC hospital.

Up to age 70: There will be biennial reappointment.

Age 70 and thereafter (This also applies to new applicants who are 70 or over at time of application)

- Annual reappointment
- Medical examination
 - Annual physical exam
 - Neurologic
 - Motor exam, strength and fine motor skills
 - Sensory
 - Ophthalmic
 - Visual acuity
 - Neuropsychological screening
- Performance evaluation
 - Ongoing Professional Practice Evaluation (OPPE)
 - Focused Professional Practice Evaluation (FPPE), if indicated from OPPE

Note –

1. Annual physical exam, which includes neurologic and visual acuity will be performed by HHC Senior Primary Care Division
2. The neuropsychological screening will be conducted by the IOL Division of Neuropsychology.

Procedure:

1. Practitioners who are at least age 70 at time of application for reappointment will be required to fulfill the requirements listed above.
2. The examinations above will be conducted by a member of the HHC Senior Primary Care Program and the IOL Division of Neuropsychology. The examining physician/psychologist must not be an individual with whom the practitioner has had, or currently has a personal or professional relationship.
3. HHC will be responsible for the cost of these examinations.
4. The practitioner will make arrangements for these examinations.
5. Physicians who conduct these exams will be asked to consider the results of the exam relative to the privileges sought by the medical staff member and to identify any issues from the examination that may affect, or have the ability to affect, the practitioner's ability to safely exercise the requested privileges.

6. In the event that the practitioner does not pass the neuropsychological screening test, the practitioner will be referred for more comprehensive neuropsychological testing.
7. The examining physician or neuropsychologist will return the forms directly to the Medical Staff office. All of the examinations are required in order for the application for reappointment to be considered complete.

Information Review:

1. The Medical Staff Office is responsible for processing the reappointment applications, and medical forms submitted along with all other material required to complete the application process. All evaluations will be retained by the Medical Staff Office in the practitioner's file.
2. For practitioners with medical examinations or screening or comprehensive neuropsychological testing with no findings, the results will be filed and the application will continue to be processed.
3. Evaluations containing findings will be brought to the attention of the VPMA and the Department Chief and shared with the practitioner. If the practitioner is the Chief, then the findings will be brought to the attention of the VPMA and the President of the Medical Staff.
4. If it is concluded that the results of the neurologic exam, ophthalmic exam, neuropsychological or any other pertinent exam suggests that the practitioner may not be able to safely exercise all or a subset of the requested privileges, the Department Chief will review the requested privileges with the practitioner and discuss appropriate modifications. This may include voluntary relinquishment of some or all privileges or requirements for proctoring or other forms of oversight to ensure safe practice.

Referral to Credentials Committee

1. In the event that the practitioner will not voluntarily relinquish relevant privileges or agree to requirements recommended by the Department Chief, his/her application will be referred to the full Credentials Committee for review.
2. If the recommendation of the Credentials Committee or, subsequently, the Medical Executive Committee of the Medical Staff or the Board of the Hospital, is unfavorable to the practitioner, he/she will be entitled to all due process rights as outlined in the Medical Staff Bylaws and Credentials policy.
3. Issues identified in the OPPE process may result in the initiation of a Focused Professional Practice Evaluation, requirement for proctoring or other oversight as recommended by the Department Chief.
4. Regardless of the results obtained through the examinations or OPPE/FPPE referenced herein, the Credentials Committee, the Department Chief or the VPMA may request repeat, more extensive or different testing or additional Peer Review Evaluations as deemed necessary to obtain sufficient information to determine appropriateness of the practitioner to exercise the requested privileges. Additional testing may include, but is not limited to, neuropsychological or other cognitive testing, physical examination, testing of competencies in a medical simulation setting, or other evaluation of current competence.

Late Career Practitioner Policy

Frequently Asked Questions

1. Why was this policy developed?

Our goal is to have our practitioners continue to provide patient care well into their later years. It is known, however, that neurocognitive decline occurs as we age and the signs can be quite subtle. Our overarching priority is patient safety. We therefore propose screening for neurocognitive decline based on the prevalence of the condition. This policy was developed because, we as the medical staff, have an ethical responsibility to provide the highest quality of care to our patients.

2. What is the screening tool?

The cognitive screen selected by the HHC Medical Staff Health and Wellness Committee is the MicroCog: Assessment of Cognitive Functioning. It is a computer based cognitive screen designed by the Risk Management Foundation of the Harvard Medical Institutions to quickly assess elderly physicians and other professionals for changes in neurocognitive status. It is one of a handful of neuropsychological measures whose performance characteristics have been studied in physicians. Because of the high intellectual attainment of our practitioners we expect individuals without cognitive decline (normal) to perform on par with other physicians their age who are working successfully in the community. Physician cognition is difficult to assess on a brief screen due to high pre-morbid intelligence and cognitive reserve; this measure balances efficiency with clinical utility.

Abnormally low scores will justify further assessment to clarify cognitive function, and to rule out the presence of a Major Neurocognitive Disorder, the DSM-V's term for dementia. The Late Career Practitioner Proposal states that practitioners with "findings" will be referred for more comprehensive neuropsychological testing, to determine if the findings are real (i.e., not a false positive) and if so, to determine the severity and implications of the measured cognitive decline.

The screening assessments will be performed by individuals trained in their administration and scoring in order to provide reliable and reproducible/standardized results. Board certified neuropsychologists will supervise the assessment process.

3. Why is this policy necessary?

Evidence shows that the natural aging process has the potential to adversely affect the capacity of physicians and other health care practitioners to safely exercise their clinical responsibilities. Changes in hearing, vision, memory, dexterity, reflex/response time, stamina, technical skills, decision making and cognitive abilities may occur to varying degrees in individuals later in their careers.

4. Who is affected by this policy?

This policy applies to all practitioners, age 70 and over, with privileges at an HHC hospital.

5. How was the age determined?

The age of 70 years old was determined after a review of the literature and the review of the work of other organizations. Yale has instituted a similar policy using 70 years old. Both the AMA and American College of Surgeons support similar guidelines with this same age (AMA supports the age of 70 yo, ACS recommends beginning a process at 65-70 yo). Similar policies have been adopted by the University of Virginia, Stanford University and the University of Pittsburgh Medical Center

- 12% of 60-64 year olds complained of confusion/memory loss, and of them, nearly 45% said it interfered with daily life/work (CDC, 2013)
- 14% of all people age 71+ have Major Neuro-cognitive Disorder (Aging, Demographics and Memory study, Duke University, ongoing).

6. Who will pay for the cost of the examination?

The cost of the examination will be paid by Hartford Healthcare. There will be no cost to the practitioner.

7. What if I disagree with the findings of the examination?

If the screen is not passed, there is a more comprehensive neurocognitive evaluation process which will be performed. This is a more definitive evaluation. The findings on this test will then determine next steps.

8. What if I don't pass the screen?

Practitioners with "findings" on the MicroCog will be asked to complete a lengthier and standardized neuropsychological test battery soon after they complete the screener. The battery used has been normed on physicians and other professionals with high educational attainment. Feedback will not be given to supervisors/departments until such time as the practitioner has completed the overall assessment process. This will protect the practitioners from being erroneously identified.

9. Will I be given feedback after the MicroCog/Neuropsychological Testing?

Practitioners who "pass" the MicroCog screen will not receive formal feedback outside of having passed the evaluation. Individuals with confirmed findings will be provided with feedback regarding the cognitive concerns raised and recommendations for further clinical evaluation (if needed). Occupational recommendations will be offered as needed only after the comprehensive annual evaluation is completed.