Ensuring Physician Competency
A Systematic Approach

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Mission:
To be your medical home

Vision:
To be the model for physician-led Health care in America

Values:
As a physician owned and directed company, We are committed to ensuring that patient care is patient centered, efficient, effective, equitable, safe, and timely.

Aging Population

Figure 1: Number of Persons 65+, 1900 - 2060 (numbers in millions)
Stats on Population Growth

Aging Physicians

Stats on Workforce: Waning Physician Supply versus Demand
Economic Pressures
- Shrinking 401K, other investments
- Difficulty in recruiting successors
- Sale of practice market changes
- Emerging priorities of workforce

Ethical Considerations
- Patient safety
- Respect for the physician
- Community need
- Workforce needs

What Issues Aging Brings up for Physicians
- Cognitive impairment
- Memory issues
- Visual and spatial relations issues
- Attention span
- Underlying medical problems increase in complexity
Fiduciary Considerations of Groups: Patient safety

- Many groups do not have policies regarding age
- Airline analogy
- Safety at the forefront

Cornerstone’s History

- Had providers wishing to practice after age 65
- Shareholders wanted discipline to remain in Cornerstone
- Reputation was good
- No formal policy existed

Our Approach

1. Purpose:
   Clinical excellence is a complex composite of performance in many domains, including among others, cognitive ability, technical proficiency, communication skills, professional judgment, productivity, and stamina. As individuals age, both the natural and aging process and specific medical conditions and medications have the potential to adversely affect the capacity of practitioners to carry out their clinical responsibilities. Given this reality, it is imperative, from the point of view of patient safety as well as physician well-being, to establish a process by which late career physicians’ performance and capabilities can be fairly and accurately evaluated.
Cornerstone’s Contracts

All shareholders and employed physicians now have age clause in contracts.

Contract Provisions on Disability

Each Contract also has a provision allowing for disability

After 65

Mandatory evaluation at age 65
After 70

• If evaluation is consistent with ongoing practice, another evaluation occurs at 70
• Every two years thereafter

Trigger Events

May occur sooner in the event of concern voiced through anonymous reporting system

Process

• Office-based
• External review
• Formal testing if screens positive
In Office Review: Staff and Office Manager

- Evaluation forms are sent to office manager and staff
- Anonymous review
- Trends identified

Forms Used

- Random charts sent for outside review within the community
- Compensated reviewer
- Trends identified

Outside Review of Charts
**PHP Services**

- Chief Patient Safety Officer interviews physician and reviews artifacts
- Confers with CMO
- CMO may direct physician to undergo further evaluation and formal neurocognitive testing/medical evaluation

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**Neuro Psych Testing**

- Neurocognitive testing may be done at the request of the CMO
- External to Cornerstone’s system (impartial)

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**CMO/Board Decision**

- CMO presents report to the board
- Recommendation for continued practice or disability