

Unsolicited Patient Complaints Identify Physicians with Evidence of Neurocognitive Disorders

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Objectives: Determine whether words contained in unsolicited patient complaints differentiate physicians with and without neurocognitive disorders (NCD). **Methods:** We conducted a nested case-control study using data from 144 healthcare organizations that participate in the Patient Advocacy Reporting System program. Cases (physicians with probable or possible NCD) and two comparison groups of 60 physicians each (matched for age/sex and site/number of unsolicited patient complaints) were identified from 33,814 physicians practicing at study sites. We compared the frequency of words in patient complaints related to an NCD diagnostic domain between cases and our two comparison groups. **Results:** Individual words were all statistically more likely to appear in patient complaints for cases (73% of cases had at least one such word) compared to age/sex matched (8%, $p < 0.001$ using Pearson's χ^2 test, $\chi^2 = 30.21$, $df = 1$) and site/complaint matched comparisons (18%, $p < 0.001$ using Pearson's χ^2 test, $\chi^2 = 17.51$, $df = 1$). Cases were significantly more likely to have at least one complaint with any word describing NCD than the two comparison groups combined (conditional logistic model adjusted odds ratio 20.0 [95% confidence interval 4.9–81.7]). **Conclusions:** Analysis of words in unsolicited patient complaints found that descriptions of interactions with physicians with NCD were significantly more

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likely to include words from one of the diagnostic domains for NCD than were two different comparison groups. Further research is needed to understand whether patients might provide information for healthcare organizations interested in identifying professionals with evidence of cognitive impairment. (Am J Geriatr Psychiatry 2018; ■■■:■■■-■■■)

Key Words: Cognitive impairment, patient complaints, neurocognitive disorder, aging physician, physician assessment

Highlights

- This study was designed to examine whether words contained in unsolicited patient complaints differentiated physicians with and without neurocognitive disorders.
- Cases were more likely to have at least one word describing cognitive impairment (73%) than comparison physicians matched for age/sex (8%) and site/complaint (18%).
- Patients may provide an important source of information for healthcare organizations interested in identifying professionals with evidence of cognitive impairment, though further research is needed.
- This article contributes to our understanding of how the patient's voice can help to identify physicians with potential impairment that might warrant further evaluation.

INTRODUCTION

In the United States, an increasing number of physicians practice after the traditional retirement age of 65 years.¹ In 2016, 29.3% of all licensed physicians were 60 years or older; 10.0% were 70 or older.² Older physicians play important roles in meeting healthcare workforce needs and bring valuable experience that benefits patients.²⁻⁵ Nonetheless, a number of organizations, aware that prevalence of neurocognitive disorders (NCD) increases with age in the general population,⁶ have proposed (and in some cases implemented) mandatory screening of older physicians for cognitive impairment.^{7,8} Whether such screening is warranted remains controversial,^{3,9} and technical, practical, and legal limitations to current screening approaches suggest the need for additional surveillance tools.^{9,10}

Patients are uniquely positioned to observe physician behaviors and performance and may share their observations in the form of unsolicited patient complaints (UPCs).¹¹⁻¹³ Previous research has shown that physicians associated with large numbers of UPCs relative to their peers are at increased risk for malpractice claims and adverse surgical outcomes.^{12,14,15} Because the onset of NCD is often insidious,¹⁶ long-term coworkers may or may not recognize subtle signs of cognitive impairment. Patients, however, who are newly assigned to the physician or interact only in sporadic

encounters may notice behaviors that lead them to raise concerns about a physician's performance and voice their concerns in a UPC.

While there is no expectation that patients would diagnose physicians with NCD, the objective of this study was to test the hypothesis that patients might recognize worrisome, eccentric, or other challenging physician behavior, and that their UPCs about that physician would include words potentially describing signs and symptoms of NCD (e.g., "He seemed forgetful."). We conducted a nested case-control study that included cases of physicians with probable or possible NCD and two comparison groups randomly selected from a cohort of 33,814 physicians practicing in healthcare organizations that utilized the national Patient Advocacy Reporting System (PARS[®]) program database.

METHODS

Study Design

We performed a nested case-control study comparing cases of physicians with probable or possible NCD with two comparison groups selected from among a cohort of 33,814 physicians practicing in 144 U.S. hospitals, healthcare systems, and medical groups that

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