Recruiting retired specialists back into part-time practice via telemedicine

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Richard J. Santen, MD, Emeritus Professor of Medicine at the University of Virginia in Charlottesville, Virginia, U.S., looks at how to recruit retired specialists to practice part-time via telemedicine

Patients living in rural, underserved areas in the United States (U.S.) lack access to specialists for care of complicated medical problems. Specialists generally practice in cities and choose not to live in rural areas based on several financial, geographical, and social reasons. A potential solution to this problem involves convincing retired specialists to go back into practice part-time and use telemedicine to fill the need in these rural, underserved areas.

The challenge of recruiting retired specialists to practice part-time

Several roadblocks hinder retired physicians' ability to "reboot" and go back into practice. When physicians retire, they generally let their medical licenses expire and require reactivating them to resume practice. Medical malpractice insurance is necessary to protect these physicians from unwarranted lawsuits. Most retired physicians are not comfortable with telemedicine and are less adept at the use of various technologies. In addition, they are less likely than younger physicians to keep up with all recently approved medications and new diagnostic and therapeutic developments.

After physicians have retired, they generally do not maintain relationships with their hospital outpatient clinics, group practices, or academic centers that they had been previously involved with. These constraints limit the ability to access medical libraries, obtain and review recent medical literature, utilize the most modern and effective dictating software, and interact with information technology (IT) personnel available to help maintain their computer software.

How to help retired specialists practice part-time

Several solutions to the problems mentioned above can be effectively implemented. For specialists practicing with limited hours in the U.S., malpractice insurance is not costly and relatively easy to obtain. The new dictating platforms, such as <u>Dragon Medical One R</u>, utilize artificial intelligence software, are highly accurate, and require no specific expertise. Retired physicians can dictate in their home offices using a personal computer. The record can then be sent via secure e-mail to the office of the referring physician. This makes the process of documentation and transmission of information very easy.

Commercial IT services can be purchased. With respect to updating the retiree's database of information, scholarly professional organizations sponsor inexpensive courses to update individuals about current practice.

How can retirees be convinced to go back to practice on a part-time basis? To answer this question, a comprehensive analysis of the retirement process and the issues that retirees are engaged in requires discussion. For background information, I consulted Dr. William Carroll, Past President of the American Chemical Society. He has set up a retirement program for the American Chemical Society in the U.S. called "Skydiving into Retirement." Initially, Carrol described his own loss of identity during the first three years of his retirement. This led him to delve deeply into the overall issues confronting retirees and the potential ways to make the retirement process more enjoyable for retirees.

Carrol emphasized that the first step in accomplishing a successful retirement is to define the purpose of one's envisioned activities. He focused specifically on the need to have daily plans that will fill up and provide structure to one's time. Carrol also focused on the need to develop new ways of maintaining one's health with exercise, a better diet, and an improvement in life/work balance.

In my opinion, physicians who are recruited to care for patients in rural areas via telemedicine believe that the primary purpose of their retirement is to "give back" and share their expertise with others. The secondary purpose may either focus on health or on enjoyment with family interactions, travel, new interests, discussion groups, church activities, sports, book clubs, or learning a new topic.

Making retirement a more gradual transition

Dr. Carrol referred me to a treatise by Robinson and Smith entitled:

"Adjusting to Retirement: Handling Depression, Stress, and Anxiety". This article states that many individuals plan in a detailed fashion for the activities that they will undertake during retirement but often overlook the psychological impact of retiring from work. Many find it difficult to fill the available extra hours during retirement with meaningful activity. This can result in a decline in how useful, important, or self-confident one feels. The solution to these problems, as discussed, is to redefine one's identity and set new goals. It is imperative to find new purpose and meaning in one's life.

Many individuals find that it can be helpful to gradually transition into full-time retirement rather than to go "cold turkey". Finding part-time work after retirement is a facile way to make retirement more of a gradual transition. Donation of one's time can result in a sense of accomplishment. Nurturing hobbies and interests can be enriching, and it is helpful in beginning activities that you have always wanted to try.

Learning something new provides a method to expand your mind and set new goals for yourself. It is essential to manage retirement depression, stress, and anxiety, which can commonly occur but can often be resolved by planning and continued activities. Health deteriorates as one ages, and during retirement, it is important to focus on lifestyle changes that will help to maintain one's health and well-being.

Benefit for patients in rural underserved areas

With these general principles in mind, retired specialists have unique opportunities to provide structure and meaning to their lives. This article focuses on one specific opportunity to "give back" by volunteering to care for patients in rural areas. This activity allows these specialists to continue to utilize their expertise and maintain a sense of selfworth.

At the same time, they can benefit patients who otherwise have no access to specialist advice. The major need in rural underserved areas is for specialists to provide consultative service to the primary care physicians and nurse practitioners in these clinics. Telemedicine is crucial in providing this consultation and concurrent patient care.

This treatise has briefly outlined issues pertinent to retired specialist physicians and possible solutions. Emphasis has been given to the need to identify one's own purpose in retirement. Greater thought needs to be given to this issue as individuals are living longer and are healthier at older ages.

References

- Lawrence Robinson, and Melina Smith "Adjusting to Retirement: Handling Depression, Stress, and Anxiety", February, 2024
 https://www.helpguide.org/articles/aging-issues/adjusting-to-retirement.htm
- Skydiving into Retirement: How to Actively Manage the Transition https://www.acs.org/acs-webinars/library/retirement-transition.html

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