



UBC CENTRE FOR
HEALTH SERVICES AND
POLICY RESEARCH

Exit Strategies:

The Timing and Pattern of Physician Retirements in British Columbia

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Background and Rationale

- Physician supply is a perennial Canadian preoccupation
- When physicians retire and how they practice in the years preceding retirement directly affect supply
 - Supply is a function of number of clinically active physicians and the number of services they deliver
 - Both affected by retirement and pre-retirement activity
 - BUT these things are not easy to control!
- "Retirement" is a fuzzy concept



Background and Rationale (Cont'd)

- Retirement patterns are crucial intelligence for health human resource planning
- We currently know very little about retirement patterns among physicians, and what we do know is largely survey-based



Study Objectives

- 1. Identify/describe patterns of retirement for BC's physician population.
- 2. Expose key determinants of when/how physicians retire.



Approach

- **Design:** retrospective cohort study
- **Data:**
 - Population-based administrative data from Population Data BC:
 - College of Physicians and Surgeons (CPSBC) Registry
 - Medical Services Plan Claims Database
 - Alternative (non fee-for-service) payments database
- **Time period:** 2005/06-2011/12
- **Cohort:** All BC physicians age 50+



Approach (Cont'd)

- **Retirement:**
 - 1. Annual billings falling and remaining below \$10,000;
 - 2. No billings for 365 consecutive days; or
 - 3. CPSBC practice status changed from “active” to “retired” or “not licensed”.
- **Pre-retirement Practice Activity (3-years):**
 - Sudden drop-off: a change in practice activity of plus or minus 10%;
 - Slow decline: a 10-<25% decline;
 - Rapid decline: a 25-<90% decline; and
 - Increase: a 10% or greater increase in activity.

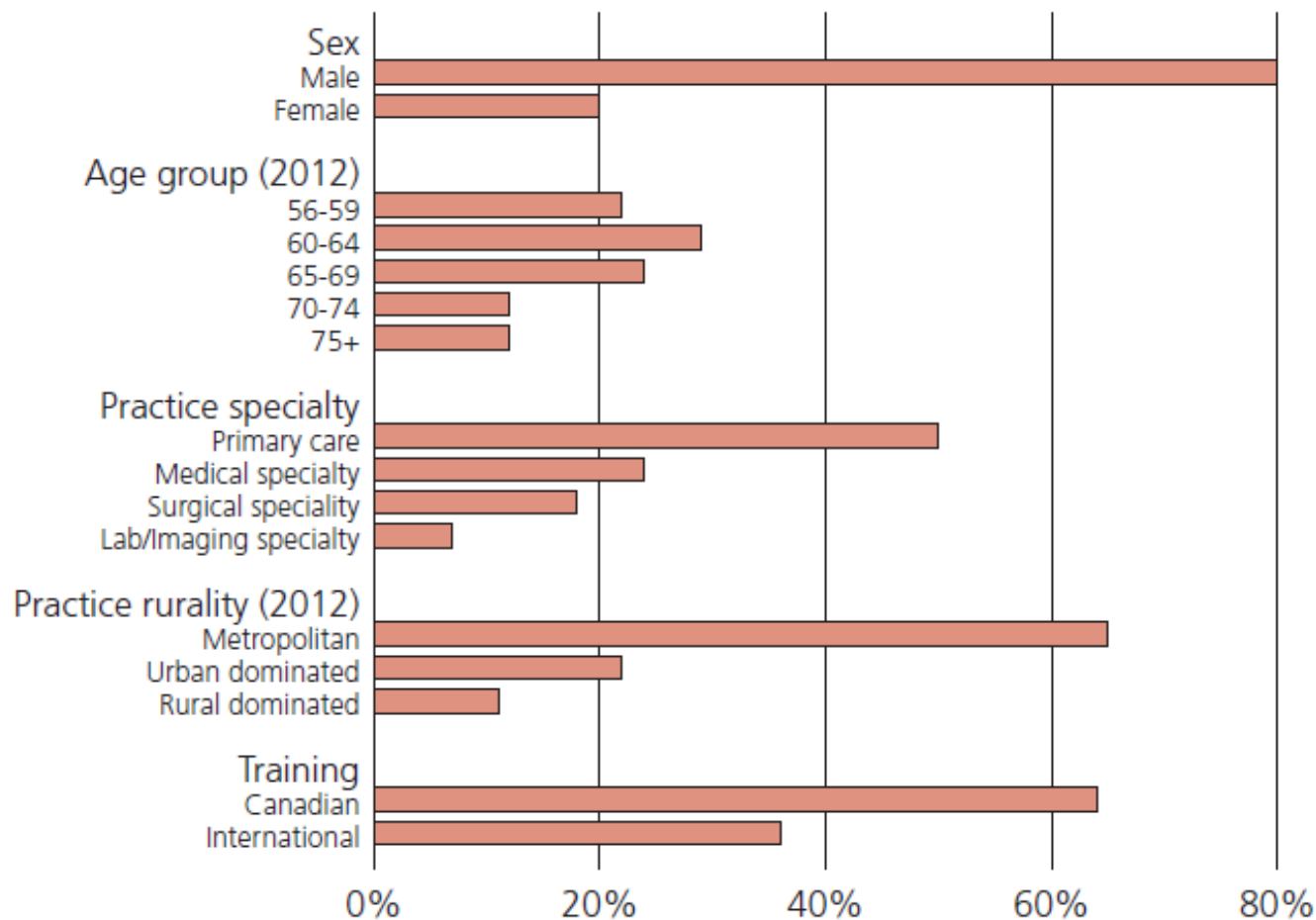


Approach (Cont'd)

- **Determinants of retirement:**
 - Age
 - Sex
 - Speciality (primary care, medical, surgical or lab/imaging)
 - Rurality of practice location
 - Training location (Canadian vs international)
- **Statistical approach:** Timing of retirement by age, sex, speciality and practice location using multivariate linear regression



Cohort Demographics



What is “Retired” Anyway?

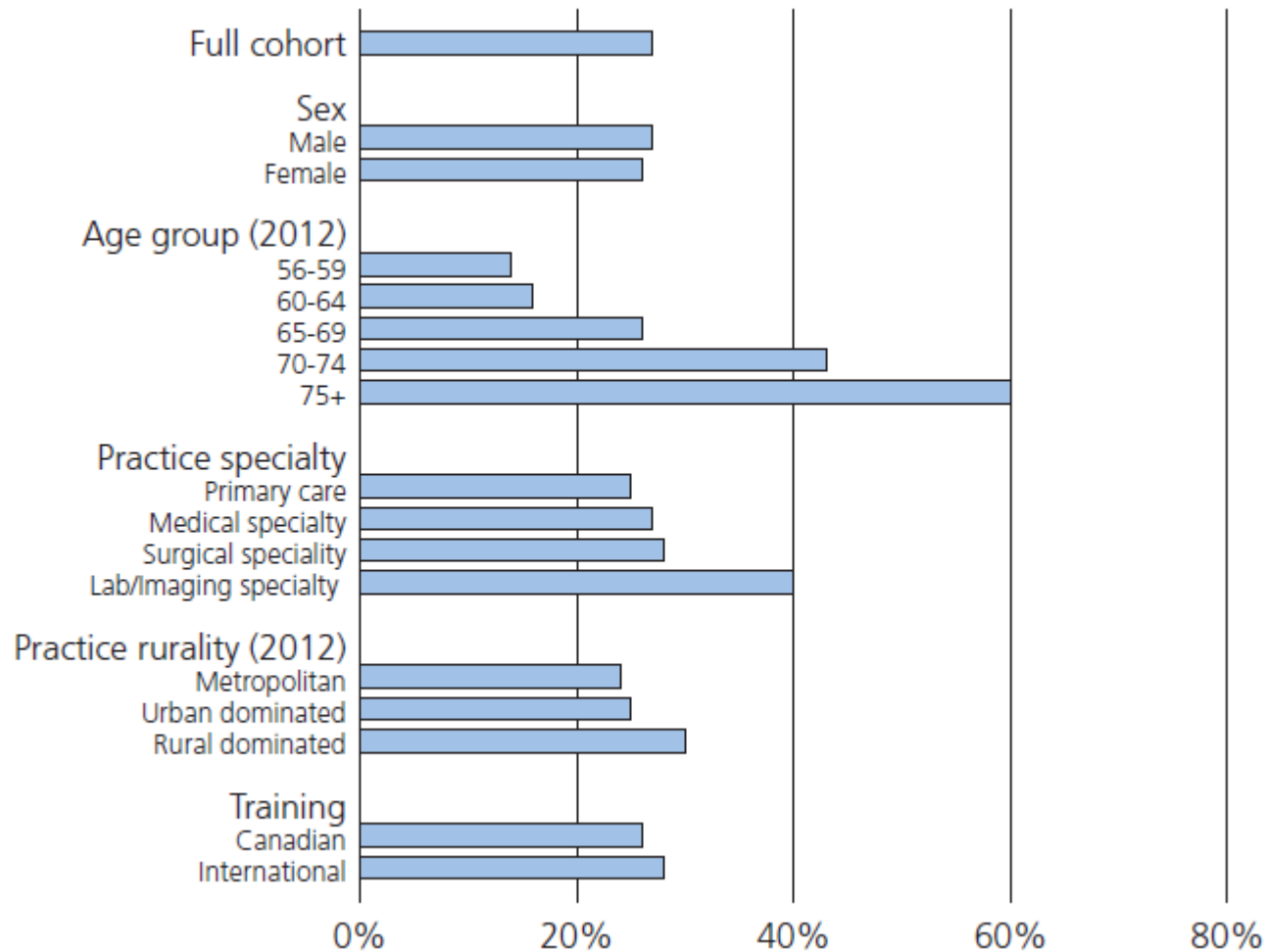
- Problems with measuring retirement:
 - Many physicians who “retired” return to active practice within a five-year period
 - Inactive physicians maintain licence – counted in physician to population ratios but are not delivering care
- Correlation between definitions:

	<\$10,000 billed	365 days of no billings	CPSBC Registry Status
<\$10,000 billed	1	0.81	0.44
365 days of no billings		1	0.41
CPSBC Registry Status			1

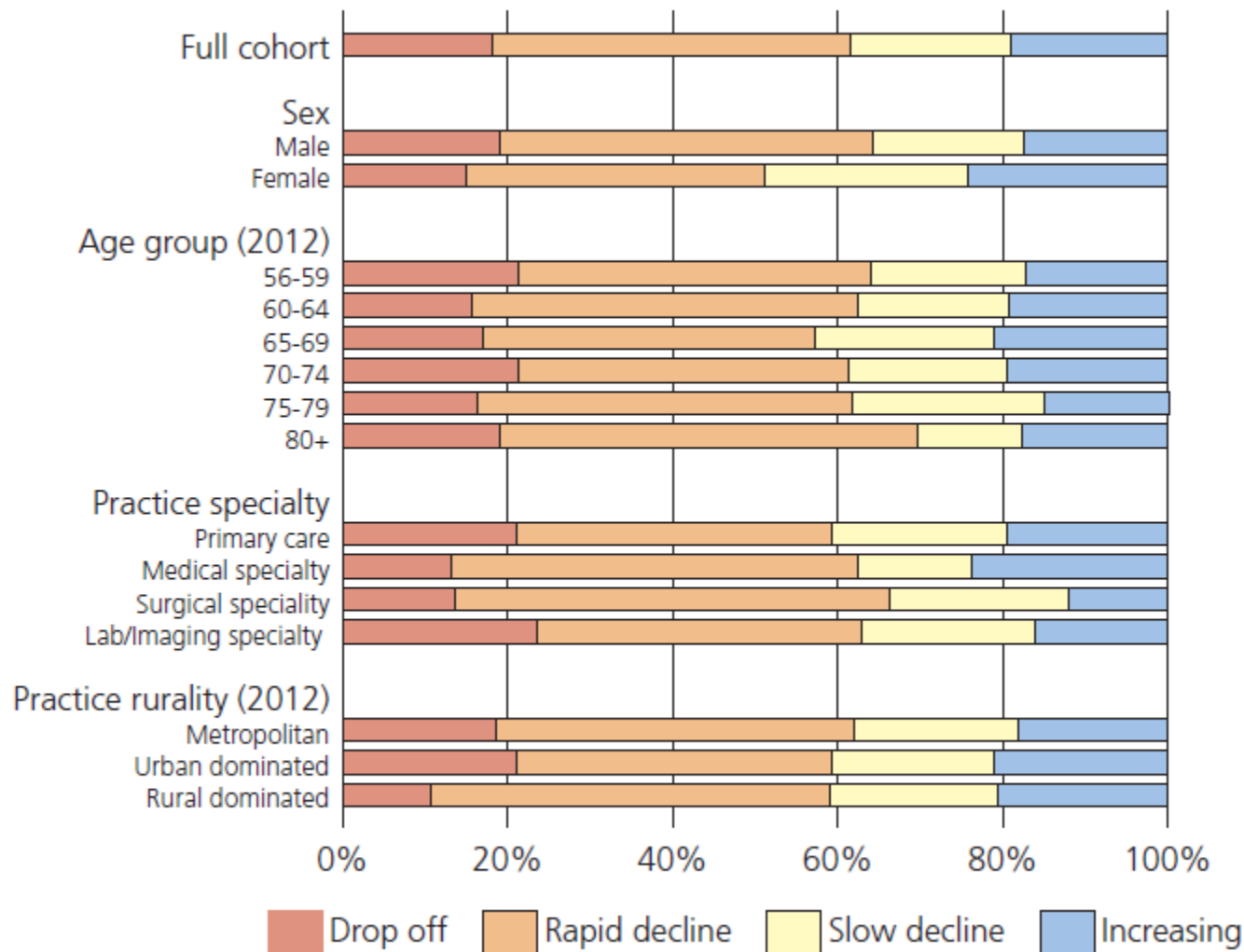


Percentage of Cohort who Retired

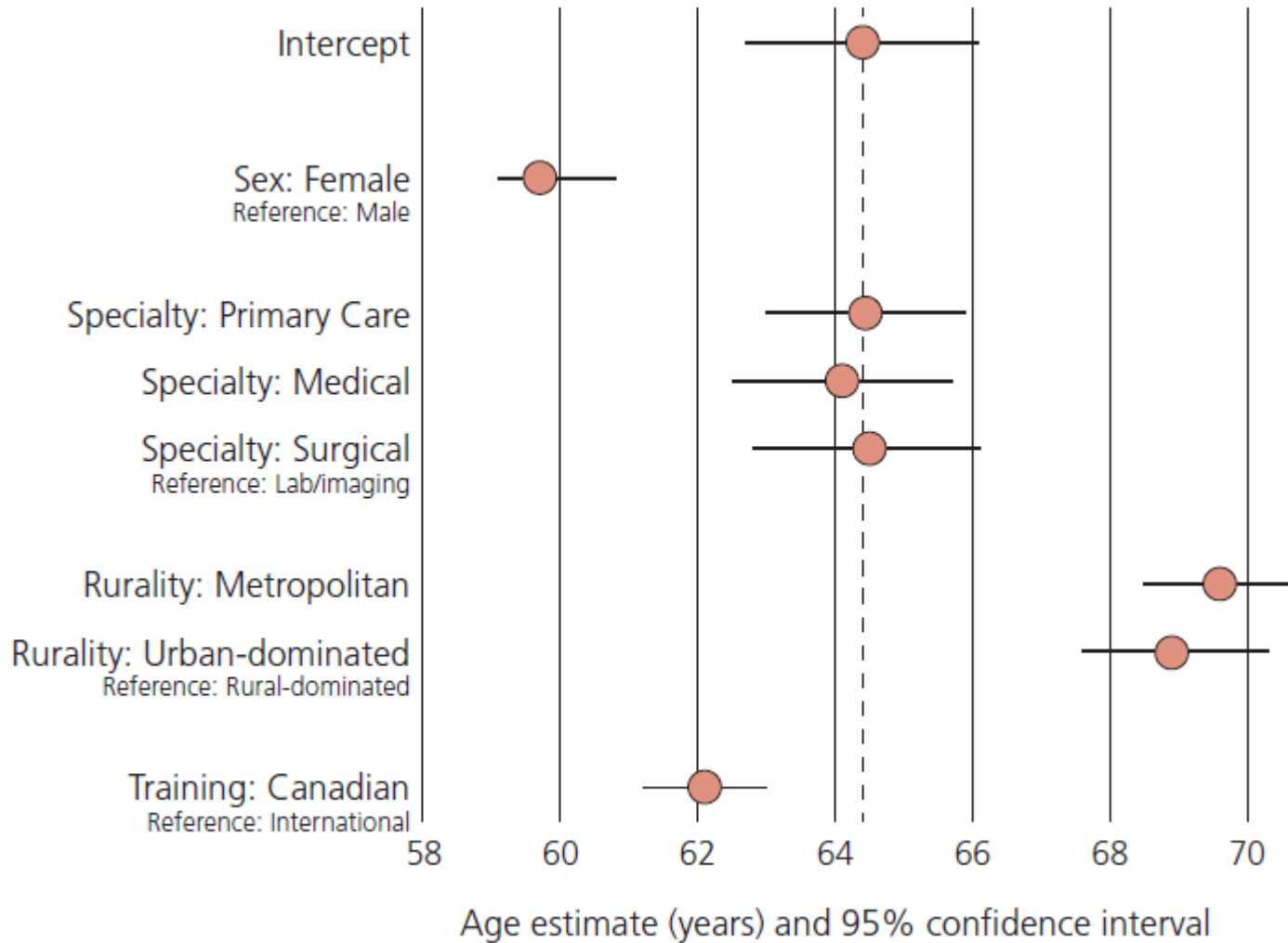
Annual billings falling and maintaining <\$10,000



Activity in the Three Years Preceding Retirement



Average Age at Retirement



Conclusions/Policy Implications

- Defining retirement isn't cut-and-dry
- Registry/licensure data unlikely to be a reliable tool for determining retirement
 - Underestimate number of physicians who are no longer truly practicing
- Current health human resource planning models may overestimate effective physician supply:
 - Physician in BC are consistently retiring before age 65
 - Majority also reduce activity in the years preceding retirement



Future Research

- 1. What was the impact of the 2008/9 economic downturn on retirement patterns?
- 2. Do physicians approaching retirement limit their activity to:
 - Particular practice areas?
 - Particular patient populations?
- 3. What happens to the patients of physicians who retire?





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