There was good news for health plans and health systems at the inaugural conference for a new health law center at Yale Law School last November: Getting today’s newly minted physicians to accept value-based payment and ACOs—and the goals that go with them—may be easier than you think.

The happy tidings came from William Sage, MD, JD, a University of Texas law school professor and a professor of surgery and perioperative care at the university’s new Dell Medical School. He suggested that for a number of reasons, today’s young doctors are more receptive to managed care than were their predecessors in the difficult 1990s.

“We don’t really account for generational change when we talk about how professionals think,” Sage tells Managed Care. “Or we may react to just one aspect that makes us uncomfortable—saying, for example, ‘Millennials don’t work as hard as baby boomers did.’”

But it’s an important fact that today’s young doctors are different across the board, he argues. Their life experience has prepared them to be open to collaborating with other professionals and to delivering cost-effective, population-focused care—and if you are running a health plan, that’s really good news.

Sage says he was asked at Yale to talk about the...
effect of ACOs and other new delivery models on physicians, and that there seemed to be an implicit assumption that the effect was negative. “I thought that was erroneous,” he says.

Sage’s message fits into a developing picture of today’s young doctors that’s mostly—but not completely—reassuring. It recalls the largely enthusiastic verdict that E.M. Forster gave in *Two Cheers for Democracy* when he lauded popular government but withheld a third “cheer” because of its tolerance of mediocrity. Young doctors understand not just the Hippocratic Oath but also the need for prudent use of resources. Cheer! They play better with nonphysician colleagues. Cheer! And the missing third huzzah? Some observers fear that these savvy young docs—so adroit with anything involving a screen—may have lost something in personal skills at the bedside.

**Why docs are different now**

“I’m sure there are things we’re losing,” Sage concedes. “But it would be hard for me to suggest that anything we’re losing could outweigh the possibility of saving a trillion dollars of wasted health care expenditure every year in this country that could be used both privately and publicly for other really pressing and underfunded needs.” And by and large, he believes, today’s young MDs are ready to start chipping away at that trillion.

The roster of positives about medicine’s current generation? Here are some checks that Sage puts in the plus column:

- more willing to work in teams with other health professionals
- expect to be engaged in the community and to have contact with health care outside of the acute-care hospital setting
- more apt to move in fluid groups rather than rigid tribal categories
- more evenly distributed by gender
- much more comfortable than their predecessors working as part of a large organization
- less insistent on entrepreneurial independence, thanks to a desire for work–life balance
- much more comfortable with electronic information exchange

All of these characteristics, says Sage, make today’s doctors better suited to modes of health care financing and delivery that are moving away from fee-for-service and volume to shared-risk arrangements and incentives that reward value. They can be traced, in turn, to the ubiquity of computers and social media in the lives of today’s young adults and—to a limited extent—to important changes in medical education.

Computers, of course, lie at the heart of the rapid change in health care today. And we know from Eric Topol’s 2012 *The Creative Destruction of Medicine* that health care—just in time for these savvy new docs—is on the cusp of a “wondrous revolution” in which their data will help us all—eventually—live longer, healthier lives. But what does a skeptic say?

**Cheers from a noncheerleader**

It’s not fair to tag Robert Wachter, MD, professor and associate chair in the Department of Medicine at the University of California–San Francisco, purely as a health-tech Cassandra. He acknowledges computerization’s tremendous potential, just as Topol concedes its problems. But Wachter’s 2015 book *The Digital Doctor* did rain on Topol’s parade with a number of worrying examples showing that, as he writes, “health care’s path to computerization has been strewn with land mines, large and small.” So it’s interesting that this realist agrees with Sage’s good-news report on today’s young docs.

“It strikes me as completely accurate,” says Wachter. “Certainly it’s true that younger people today don’t enter the field with an expectation of unfettered autonomy. It must be 10 or 15 years since I last heard one of my residents or students say, ‘My goal is to go out there, hang up a shingle, and be a self-employed entrepreneur,’” says Wachter.

Today’s young doctors are indeed “perfectly comfortable with computers,” Wachter says, but he adds an IT-related wrinkle. Older physicians are usually
pictured as grumpy about today’s health IT while their younger peers are content with it, he says, but that’s not quite right. “Of course the younger doctors expect medicine to be digital,” he says. “But they’re just as unhappy as older docs with the state of digital technology in medicine, because it’s 15 years behind what they see in the rest of their lives.”

**Glued to the screen**

Wachter worries more than Sage does about the downside of today’s medical generation. “They grew up looking at screens, and perhaps texting their mother when she was one floor away,” he says. “Sometimes they’re perfectly comfortable sitting in front of a screen all day while their patients are two floors away wondering where their doctor is. That doesn’t mean they don’t care. But they’ve gotten used to the notion that most of their life comes in and out via that screen. And I wish we would bring back a little bit of the old sense that what a doctor does is spend a lot of time at the bedside talking to people and touching them. For some of the younger physicians, that’s not as natural an act.” Wachter sees a feedback loop taking hold: young doctors feel awkward at the bedside, so they spend less time there, and so get even more awkward at dealing with patients in person.

John Bulger, DO, chief medical officer of Pennsylvania-based Geisinger Health Plan, agrees that this is a danger, but also offers a more optimistic possibility by flipping the issue on its head. “I’m 46, and I started in a paper world,” he says. “Doctors in my generation had to teach ourselves how to incorporate computers into care.” Precisely because they’ve grown up with screens ubiquitous in their lives through social media, phones, and tablets, he believes, today’s younger physicians “may be able to bridge that gap between the screen and the patient better.” Rather than seeming to divert their attention away from patients, they may be able to use computers and data as tools in collaboration with patients.

For all his concerns about bedside manner, Wachter praises the medical students he sees at UCSF as “incredibly bright and enthusiastic, with wonderful values.” He recalls ruefully one day when he addressed a group of them and, for some reason, was in a mood to shake them up. “You folks are entering a profession completely different from the one I entered 30 years ago,” he warned them in his gravest voice, “because you will be under relentless, unremitting pressure to figure out how to deliver the highest-quality, safest, most satisfying care at the lowest possible cost.”

Says Wachter: “One student raised his hand and asked: ‘What exactly were you trying to do?’ I remind myself of that when we’re going through these transitional pains. What’s odd is not that we’re being forced to think about value and get better at delivering it. What’s odd is that that’s new.”

Young doctors today are better primed for that “new” challenge partly because their conditioning and attitudes have changed, Wachter suggests. “Take the whole notion of systems thinking. The way I was socialized as a student and resident back in the ’80s was that the work of a doctor was to take care of the patient in front of you. It was somebody else’s job to create the system. In the last 10 or 15 years we’ve learned that the system is us.”

**‘Health care delivery science’**

It isn’t just socialization; young doctors are different today partly because their formal training is different. Many medical schools are adjusting their curricula to stress the principles and methods of team-based care, preventive and cost-effective medicine, and population health.

Since the 1980s, there’s been a lot of talk about medical education reform, but not much was actually happening, according to Sage. That’s changed. Now, curricula are being rewritten to include “flipped” classrooms (class time is spent on exercises while lectures are on take-home videos), online simulations, and competency-based education. The accrediting bodies have revised their standards, says Sage, and...
Forget about “publish or perish.” A program developed by Anthem lets young physicians publish to flourish. Anthem’s American Resident Project (ARP) provides an opportunity for a select few up-and-coming doctors (the program calls them fellows) to write one blog post a month on a subject of their choice. In turn, this can lead to a host of networking and educational opportunities, many in person.

Anthem officials say they recognize the crucial role that young physicians will play in the ongoing transformation of the health care system and want to forge relationships early with these professionals. Sounds simple, but such physician–payer collaboration would have been difficult to envision until just a few years ago. Terms like “hassle factor” and “gatekeeper” reflected a pervasive lack of trust about an industry that many physicians considered Big Brother holding the purse strings.

Her own perspective
But today’s young physicians really do seem different. Kerri Vincenti, MD, a 31-year-old radiology resident at Pennsylvania Hospital in Philadelphia, approached Anthem’s program with wariness, not hostility. “I wanted to make sure that what I was writing would reflect my perspective and that someone wasn’t going to be changing the heart of the message during the editing process. And I haven’t found that that’s happened,” says Vincenti. “I even raised that concern in my interview prior to becoming a part of the project. I wanted to make sure that my articles were really written by me, not someone from some big health care plan looking at it and saying, ‘I don’t like what she’s saying. Change it. That goes against what we want.’”

Anthem launched ARP in 2013, and 14 participants have passed through the program so far. (Currently, there are 10 fellows, and the application process has just opened for the Class of 2016.) In 2015, there were nearly 17,000 visits to the program’s website, 14,000 unique visitors, and over 25,000 page views by people wanting to know what’s on young doctors’ minds. The fellows receive $2,000 a year.

Some of the participants’ writings are picked up by other online publications such as KevinMD, MedTech Boston, and the Figure 1 Blog. This virtual interchange extends to the real world. The ARP organizes, sponsors, or participates in events across the country. At some, fellows can pitch ideas on how to, for instance, improve primary care. These are delivered in front of a Shark Tank–style panel, which includes Anthem officials, other residents, and young physicians. These are the events that keep Arshya Vahabzadeh, MD, engaged in the Anthem program. Vahabzadeh is a psychiatrist at Massachusetts General Hospital and a director at a neuroscience startup, Brain Power. “You can be a panelist. You can be a judge. It lets medical students, young doctors, and other clinicians interact.”

Ready and willing
Vincenti and Vahabzadeh seem headed for leadership roles. Vahabzadeh, who hails from Great Britain, is triple trained in family medicine, psychiatry, and pediatric psychiatry, and last year he was named one of MedTech Boston’s 40 Under 40 Healthcare Innovators. Vincenti, who graduated from George Washington University School of Medicine and Health Sciences two years ago, serves as the lead radiology department representative on her hospital’s quality improvement council.

Craig Samitt, MD, Anthem’s chief clinical officer, says that “the future is in the hands of a younger generation that hasn’t grown up with a defined paradigm that we then have to change.” He adds only somewhat jokingly about the blog posts that, “I’d give up my day job...
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just to be able to read all of the tremendous, thoughtful pieces that these residents and young physicians write, because they are the future of the industry."

Samitt continues: "Our industry is going through a period of full-scale value-based change, and I would even describe it as reinvention." Previous generations of physicians who trained and practiced in an era when reimbursement was volume-based, access to information was rudimentary at best, and care models were hierarchical might have a tough time with such reinvention, he says.

But probably not so this youthful cohort of physicians. Vincenti says her generation brings a different mindset to medicine. "I think younger doctors embrace evidence-based medicine a little bit more readily. I think the older physicians tend to cite consensus-based medicine as a reason for why they do things a certain way: 'Well, this is how it's always been done,' or, 'This is what I've seen.' Meanwhile, younger doctors are a part of a generation that tends to question a little bit more: 'Why should we do it that way if the large-scale studies show that it should be done this way, and it's better for the patient?'"

Younger doctors also want more work-life balance. "We love what we do, and we love how it helps people, but there has to be a balance," says Vincenti. "We want to have a life outside of our jobs, whether that's for family or a more flexible lifestyle that allows us to pursue our nonmedical interests."

Team players
That's one of the possible reasons that young doctors seem more willing to work in teams, says Samitt. He doesn't know whether medical education focuses more on teamwork these days, but the impetus for work-life balance makes younger doctors more open to handing off some duties. "They are going to do well in a team-based setting."

Vahabzadeh says that older doctors may spend decades in a particular job in a particular hospital. He says younger doctors have an array of choices and may split their time among several different employers or enterprises. "Quite a number of my colleagues are involved in some kind of business or startup," he says.

Vincenti hardly ever deals with health plans directly because she's hospital-based; health plan haggling is an administrator's job. Vahabzadeh, on the other hand, is a child psychiatrist, so he faces the parity issue. "I've had to spend time on the phone trying to get a person admitted to the hospital," he says. He's had to plead his case "whereas I know if it was an asthma attack or a problem with the liver, it would be no-brainer."

Sounds like an idea for a blog post. Vincenti appreciates the platform. "It's an outlet for me. I enjoy writing, and I enjoy putting down into words what I feel I get out of medicine in a more creative way."

— Frank Diamond

‘My priorities have shifted’

The American Resident Project (ARP) allows young physician leaders to blog about what's important to them. "Finding Balance During Residency" was posted Dec. 30, 2015, by ARP resident Kerri Vincenti, MD, a 31-year-old radiology resident at Pennsylvania Hospital in Philadelphia. Here is an excerpt.

It's also important to understand that the search for balance doesn't mean the same thing for everyone. When I entered medical school, I was already married and knew that having a family would be important to me. I worked hard to prioritize time with my husband among time spent studying for exams and getting to know my future colleagues. I made certain sacrifices in doing so, but for me, it was worth it because that form of balance kept me grounded. When I had my first child at the end of my third year of medical school, I was presented with additional challenges to balance my desire to be a good mother and a good physician. I subsequently chose to specialize in the field of radiology, where I knew I would have greater flexibility with my schedule, while still fulfilling my desire to directly impact patient care. As I have now been a resident for a little over a year, I've shifted back some of my focus to my work, desiring to know as much as I can, sometimes at the expense of being able to spend quality time with those I care about. As my priorities have shifted, I have likewise shifted the degree of attention I give to each part of my life while never forgetting that each individual part still exists.

Kerri Vincenti, MD
teaching methods have followed: “In the last five years or so, I’ve finally begun to see distinct changes not only in how medical students are taught, but also in what they’re taught,” says Sage, who applauds the AMA—which has always been considered the old guard of medical professional opinion—for supporting medical education innovators.

“I do think it’s a new day,” says Susan Skochelak, MD, the AMA’s group vice president for medical education. Many medical schools now focus on what she calls “health care delivery science.”

Lessons for health plans

“We’ve learned from the mistakes of the 1990s,” Lucey says. Indeed, whatever one’s view about the mindset of young doctors, most observers seem to agree at least that their mindset matters. They’re not just cogs in an economic machine, and if some managed care systems in the ’90s appeared to treat doctors as if they were, that’s one of the mistakes the industry has learned from.

“Payment incentives tell only part of the story,” says Sage, and Wachter agrees. Indeed, both doctors describe a growing recognition that success in health care is a function partly of medicine’s culture, not just its economic structures.

“If all you do is goose the payment mechanism, you may get a trained-seal phenomenon where people jump a little higher because you’re paying them a little more to do so,” says Wachter. “But those changes won’t be real or durable; they won’t be embedded in the fabric of care. You’ll end up with a cadre of burned-out people who are not capable of innovation and enthusiasm and creating good doctor–patient relations because they’re not enthusiastic themselves.

“Today’s young doctors are perfectly comfortable working for large organizations and being members of teams,” he goes on. “They understand the importance of systems. But they do want appropriate professional autonomy—they don’t want to be treated like someone who can’t be trusted.” Organizations
that find that balance are going to be the winners, he says, and will have better outcomes, happier patients, and lower costs.

Bulger, of Geisinger Health Plan—whose perspective admittedly may not be typical because of his plan’s close relationship with the dedicated Geisinger Health System—believes Wachter’s and Sage’s upbeat assessment of the current generation of physicians “has a lot of truth to it” and foreshadows good things for health plans. “The generation that’s coming out now understands that there’s a need for team-based care,” he says. “And I think that suggests that these doctors can help make collaboration between the medical group and the health plan side a lot more robust.”

When it comes to lessons for health plans, Sage is at first an uncharacteristically reticent prophet. “My sound bite about health plans is that they’re still trying to figure out what role they play in the future system,” he says. “This is a major area for them to think about, and each plan has to work it out for itself.”

But then he adds: “Look beyond the financial incentives.”

“To the culture?” he is asked.

“Yes, to the changing culture,” Sage replies. “And to professions beyond physicians, with greater confidence that they will work with physicians.”

**Beyond the ‘iron triangle’**

Coming of age in today’s era of health care, young doctors enjoy the benefit of something that isn’t strictly generational, but applies to all of us, young and old. There’s been a shift in the understanding of the core challenge of health care, says Sage. Thinking was organized around an “iron triangle” of cost, access, and quality. That was very offputting for many physicians, Sage says, whether the manifestation was government setting of limits or private companies “trying to figure out how to make money by saying ‘no’ to people, which to my mind is only a slight exaggeration of 1990s-style managed care.” (Sage hastens to add that he was a supporter of managed care then, and remains one.) He credits Don Berwick and his Institute for Healthcare Improvement with shifting the focus from grim discussions of rationing to waste and inefficiency, which have perfectly palatable, even inviting, solutions.

Young doctors today believe they can help improve the efficiency of how care is delivered and the health of populations, not just individual patients, says Sage. “They feel these are challenges—regardless of the economic effects on them personally—that they can take on ethically and productively, challenges that seem consistent with the reasons they went into medicine rather than at odds with them,” he says.

Unlike their predecessors a half-century ago, today’s young doctors won’t have to be, or pretend to be, godlike figures. That should be a relief to them—and to the other health care professionals who work with them. But they will need to be as actively compassionate as they are computer-smart—meeting patients’ eyes with a reassuring smile—and to cooperate in treating America’s health care bloat as well as actively helping individual patients to stay well and lead full lives. They seem better equipped than earlier generations for the task, but we’ll know more when the next few years put them to the test.

**Tech-savvy young physicians** can use their skills to forge collaborative relationships with patients, John Bulger, DO, of Geisinger Health Plan, says about fears that technology makes young doctors too distant.

**Feedback Please!**

Any thoughts about this article? Is there a pertinent angle that we haven’t touched upon? Let us know. We strive to present must-read material for busy clinician executives and other officials at health insurance plans. So, talk to us. If you want to remain anonymous, send responses to Managing Editor Frank Diamond at fdiamond@medimedia.com.

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