Physicians will have a role in healthcare in 2025 - the question is, what role, given the recent hurricane of challenges they've had to withstand. If we're to use recent physician behavior as a prognosticator, then expect physicians to try new ways of seeing patients and managing care, some likely getting closer to the patient’s neighborhood (i.e. medical director of a school system or town), some to become more Dr. House/less Dr. Baker, and others to take real hold of the Holy Grail in healthcare: making sense of and correctly using patient care data. For payers, patients, pharma and bio companies, and healthcare business owners and investors, the physician's judgment and interpretation will be vital to success in the new healthcare delivery and payment system that emphasizes 'doing the right thing' but 'doing it with data.' Got a service you’re selling to a hospital, or a product you’re selling to patients? The doctor of 2025 better be in your corner or on your payroll to help you figure out where it belongs in diagnostic and treatment protocols, and how to market it. When today's eldest physicians were growing up doctors of their era 'were' healthcare. They were the Walter Cronkite of medical diagnosis - they were our source, they had our attention, our trust.

Source: The Behavioral Health Hour Tracking Poll: 1,236 consumers, health plan, MD, health system and post-acute professionals
In 1998, things started to change. I worked for a community hospital in a small blue collar town in northwestern Connecticut then. This was just around the time of the Balanced Budget Act and consumers there said they wanted our doctors out in the community, more accessible - not hidden behind the four hospital walls. They wanted access.

10 years later, when I first studied readmission causes it was painfully evident that for all physicians were trying to do, there were significant gaps in communication between clinicians across settings, and people were dying as a result. No one knew how to talk and relay the full picture of a person's health, and it was unclear who should take accountability.

This eventually spawned the nation's new face of primary care: case managers. They carry different titles but have steadily become more entrenched in every setting - payers, hospitals, SNFs, and homes - as the face of care for many of the sickest patients; they are the Dr. Bakers circa 2015 - they are in the home and they are who patients trust. These changes are mostly very positive but they have masked a bigger problem: where's the doctor and what's their role? In some ways, physicians have created their own issues. Their medical judgment is the driver behind all the patient care data inside EHRs, yet 89% of physicians we surveyed in Maysay they are not in charge of when and how EHR data is used. It's difficult, physicians say, to capture the complete clinical picture of a patient through an EHR. "What if data is aggregated in the wrong way? wonders Tom Kenseth, MD. "Medical decisions for a lot of patients are very complex - each decision has to be tailored and the data drawn from those decisions is my intellectual property - it's a history of how I treat, how I think." This is how physicians feel, but they continue to be pushed to page 2. In the shiny new express system of care, physicians may be in the building but they are 3-4 doors down and often never see the patient. Many as we know continue to flee traditional practice. Some leave for managed care medical director positions, others leave the field entirely and in some cases the system loses critical doctors to specialties that simply give the physician a better life.

"Medical decisions for a lot of patients are very complex…and the data drawn from those decisions is my intellectual property - it's a history of how I treat, how I think. I'm worried EHRs will be misused"

--T. Kenseth, MD, Maine
Future Role of Physicians

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In Florida, a pediatric interventional radiologist left his practice to be a vein doctor in Virginia, trading vital medicine for cosmetics, better pay, and an easier life. “Last I checked, there weren’t too many pediatric interventional radiologists out there – the system drives away an important physician,” says Michael Yanuck, MD, president of his own medical/managed care consultancy. Physicians are also facing a kind of late-career driver’s test: The AMA is set to create competency guidelines to determine if physicians older than 65 have the skills (think surgery) and judgment (think diagnosis) to be doctors. New guidelines will include an assessment of mental health. Add it up and physicians are in a kind of waiting room of their own - caught between a demanding consumer base, a changing payment system and an ever powerful hospital. Their future role is not only in limbo, it’s a question mark. There’s a great organizational chart that appeared at a recent conference about accountable care organizations. There were more nurses and care managers and social workers than I could count, but the physician was not listed. The speaker said it was a mistake in the slide’s preparation, but there’s truth in it and what worries me is the more social/population health businesses take hold – and I run one of them - the more risk we have of missed diagnoses if physicians are not integrated. This has implications for many stakeholders, not the least of whom are patients..

According to the June 2015 poll shown on page 1, a subset of stakeholders see physicians migrating to their roots in some way--to home care on-call visits for treatment and diagnostics. Others see emergence of neighborhood acute and chronic care ‘pods’ - sort of mini hospitals with a dozen inpatient bed, outpatient services, and primary care/urgicare rolled into one, sort of a boom of the current trend of these mixed use facilities cropping up in in the southwest today. Skeptics see further fleeing away from practice into managed care posts, helping the remaining pool of healthcare workers figure out what's necessary medically. I personally see all of this, but also more of a role for physician data businesses, led by doctors who pour through health records and combine data, science, and medical judgment to inform policy and patients, taking more ownership of and accountability over the patient care data and treatment decisions they helped build to begin with. I also expect more growth in specialty physicians and new, unique subspecialties that emerge from within the data - think behavioral/primary care physicians focused on specific developmental conditions or geriatricians focused on females who’ve suffered PTSD and a fall in the home. To share your view and participate in the tracking poll, click here.

Bryan Cote has been a healthcare researcher since 1995. He is co-founder of an ACO for a subset of the Medicaid population and a managing director at BRG.