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# Skate to Where Health Care is Going; Not to Where It Has Been



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## By Kent Bottles

***"I skate to where the puck is going to be, not where it has been."***

This famous quotation from hockey great Wayne Gretzky explained how he scored so many goals in NHL games. It came to mind recently when I started reflecting on my own career, as well as the path I would advise young physicians to take.

As I look back on my career decisions, I wish I had thought more about the future of health care when deciding which jobs to pursue. Don't get me wrong; I have had a great career. I have held the following positions:

- Director of anatomic pathology
- Professor and chair of academic department of pathology
- President of the genomics repository
- Corporate operations officer for ambulatory care
- Medical director of managed care
- Chief knowledge officer
- President of a community-based education and research center
- Chief medical officer of a \$2-billion integrated delivery system
- President of institute for clinical systems improvement
- Consulting principal
- Chief medical officer of a data analytics company
- Faculty member of school of population health

As a young physician, I did anticipate the emergence of genomics and proteomics and enjoyed my time at a Cambridge, MA-based biotech start-up company. I also anticipated that health information technology would become more and more important, but I never formally studied the subject or became expert at IT. Looking back, I think that was probably a mistake.

When talking to young physician leaders, I advise them to do an environmental assessment of where health care is going in the coming decades. When I look into the future I see a convergence of several disruptive technologies that will transform how we take care of patients. Among the factors I think will be important are:

- The Affordable Care Act and the need to decrease per-capita cost and increase quality
- The transition from fee for service to global, value-based payment programs
- The emergence of wireless physiological sensors
- The growth of social media
- The decreasing cost of storing data in the cloud
- Big Data analytic platforms that mine new actionable correlations
- The patient-centered medical care movement

- Genomics and personalized medicine
- The ubiquity of smartphones
- The concept of reverse innovation where the U.S. learns from developing countries
- The shared decision making movement
- The emergence of population health

My original career goals were to become a tenured professor, chair of an academic department and eventually dean of a medical school. I succeeded in reaching the first two but did not achieve the last one. Along the way, I found that my natural curiosity and eagerness to pursue disruptive technologies did not resonate with academic search committees and search consultants.

When young physicians tell me they want to become chairs or deans or chief medical officers or CEOs of integrated delivery systems, I often wonder if they, like me, are ignoring Gretzky's sage advice.

If my environmental assessment is correct, and it may not be, those traditionally prestigious positions in medicine may not be where the real action occurs. Instead of focusing on positions and titles, the wise physician executive might concentrate on the twelve bulleted factors that will probably make hospitals and medical schools less central to the delivery of care in a transformed health care delivery system.

The young physician who masters medicine and any of the twelve bulleted factors listed above will play an important role in the future of American medicine and will never be out of a challenging and interesting job.

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