

Primary Care and Millennials: Insights Report

MCCABE MESSAGE PARTNERS

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Introduction and Background

The Primary Care Collaborative (PCC) engaged McCabe Message Partners (McCabe), a communications firm in Washington, DC focusing on health and the issues that affect it, to assess opinions and desires related to primary care through focus groups and in-depth interviews with millennial patients and primary care clinicians, respectively. The groups and interviews were designed to mine insights about how millennial patients and clinicians (including physicians, physician assistants, and nurse practitioners) view the state of primary care and how it might change to better meet the needs of both groups of millennials.

What McCabe Did

Millennial Patients

To measure and evaluate millennial patients' attitudes towards primary care, McCabe conducted two focus groups with a geographically and demographically diverse set of individuals. One group consisted solely of those who self-identified as either being generally healthy (Group One) and the other consisted of millennials who identified themselves as having a chronic health condition or caring for someone with a chronic condition (Group Two). The 90-minute focus groups probed:

- Understanding of the meaning and purview of primary care
- Utilization and expectations of primary care
- Feelings about maintaining a long-term relationship with their clinicians
- Thoughts about how primary care could better meet their needs

Primary Care Clinicians

To measure and evaluate millennial clinicians' attitudes towards primary care, McCabe arranged 12 interviews with millennial clinicians. The clinicians included nurse practitioners, physician assistants, and doctors (both MDs and DOs) who had specialties ranging from general internal medicine to pediatrics to lifestyle medicine. The one-on-one interviews lasted about 30 minutes each and probed:

- Views on maintaining long-term relationships with their patients
- Opinions and thoughts about communication with patients
- Thoughts about the purview of primary care and how and when primary care functions most effectively
- Job satisfaction

Synthesized Insights

There is a great deal of overlap between the insights from the focus groups and clinician interviews. In fact, on subjects where the focus groups and interviews diverged, the difference between the two groups was often a matter of extent or degree and not entirely contradictory.

- 1) **Millennial clinicians and patients both value long-term relationships. However, millennial patients were more likely to prioritize convenience and noted several factors that often stand in the way of maintaining a long-term relationship like moving and/or changing insurance.** Healthy patients see a long-term relationship as nice to have, while clinicians tied a long-term relationship more directly to effective health management. Millennials with chronic health concerns were more likely to express a desire to maintain a long-term relationship, but not to a particularly greater extent. If primary care clinicians want to build and maintain more long-term relationships, the best area to investigate is likely around convenience and access, e.g., weekend and evening appointments. Many clinicians recognize this and are interested in exploring new methods of communications with their millennial patients.
- 2) **Millennial patients are comfortable discussing mental health, substance use, and other things that affect their health with their clinicians. To a large extent, millennial primary care clinicians said that they address these issues and others as part of their regular processes.** There's incredible opportunity for primary care clinicians to serve as holistic health advisors for their patients going beyond blood tests and check-ups and helping to manage things like mental health, stress, and even social determinants of health. In fact, primary care clinicians often pointed to this element of their job as why they chose to get into primary care in the first place—to build long-term relationships with patients wherein they holistically address their patient's entire health and wellness. However, the term lifestyle medicine is not effective when used with either patients or clinicians interviewed.
- 3) **Many clinicians and patients spoke about the primary care clinician's role in coordinating their care among specialists.** Clinicians described themselves as the “quarterback” of their patients' health team and patients saw their primary care clinicians as responsible for helping them navigate and manage their health, including any chronic issues.

Specific insights attributable to millennial patients and clinicians, including quotes, can be found in the pages that follow.

Insights from Patient Focus Groups

- 1) **Convenience is far and away the number one thing participants wanted from their primary care clinicians.** This included being able to schedule appointments on an online portal or through a mobile application, the availability of appointments outside of traditional business hours and on weekends, being seen as close to their appointment time as possible, etc. Millennial patients want a tailored primary care experience that is convenient and performs well on conventional measures of customer service.
 - *“One thing I look for in terms of primary care is online scheduling, flexibility, convenience, and easy access to care.” – Group Two Participant*
 - *“I think convenience and communication, those are the two things which are important.” – Group One Participant*
 - *“One thing I’m looking for in primary care is more flexibility. Easier time frames, if you need to actually go into the office, and online care.” – Group Two Participant*
 - *“I’m the type that’s open in the evenings, nights, or weekends, so if there’s a way to have a little better range of access where doctors work in those hours, too, that would be cool.” – Group Two Participant*
 - *“Mine’s called MyChart. It has every visit there immediately, and if you have labs or anything like that, you can see them on MyChart. So, it’s really convenient. You don’t have to call and make an appointment. You can just do it via your phone.” – Group One Participant*
 - *“I think my primary concern is always about convenience. So ZocDoc, that’s one of my favorite apps for health stuff.” – Group Two Participant*
 - *“I look for being able to do online scheduling. Sometimes it’s hard to do it through the phone. You know you’re going to get through online. It’s either ‘yes’ or ‘no.’” – Group Two Participant*
 - *“My primary care has their own patient portal kind of a thing for scheduling appointments. It’s very easy to just go online and schedule an appointment from there, so that’s what I’ve been using.” – Group One Participant*
 - *“Preferably, they’re on an automated system, online-based, like ZocDoc. I like using ZocDoc to keep track of my medical-related things, because it sends out reminders and has helpful tools.” – Group Two Participant*

2) **Focus group participants largely reacted positively to the idea of a long-term relationship with a primary care physician who takes a holistic approach to their care**, touching on things like diet, mental health, exercise, sleep habits, stress management, etc., but not at the expense of convenience.

- *“I have to talk to my primary care physician about weight and diet, mostly. But also, how to try to eat better, sleep better, and all those things, and how they can impact my health.” – Group Two Participant*
- *“The more you get to know the doctor, the more you can open up to them and they can probably figure out something that's a better alternative than what you're doing at the moment.” – Group One Participant*
- *“During my annual physical conversation, my doctor asks me how many times a week do I exercise, how much soda do I drink, do I smoke cigarettes, how much alcohol do I drink, those kinds of questions. I think that they should be part of the conversation.” – Group One Participant*
- *“I think primary care doctors do ask those holistic questions, and I think it is a good idea, because that is a part of your overall health and well-being.” – Group One Participant*
- *“I would like to have a long-term relationship just because I would rely on that relationship and the physician to suggest what would be beneficial for me in the long run, and they would also have a good understanding of my history.” – Group One Participant*
- *“I've seen my primary care doctor more often, so I feel like my relationship with him is just stronger.” – Group One Participant*
- *“I've had the same PCP since I was 18, when I transferred over from my pediatrician, and I'm 36 now. I've had a long relationship. I like that she knows me, and she's known me that long.” – Group Two Participant*

3) **Those with chronic conditions were most likely to have a long-term relationship with a primary care clinician.** Millennials with chronic conditions were more likely to have a long-term relationship with a primary care physician than those who did not have a chronic condition.

- *“If it was something a little bit more serious, or something that was concerning me that was more long-term, a chronic issue, I would probably go to my primary doctor.” – Group Two Participant*
- *“I think it's really important that you're comfortable with your primary care, because you're telling them your personal business.” – Group Two Participant*

- *“I definitely have a better relationship with my primary care. I've been going to him for a really long time, and I go to him for all my referrals. He's like my gatekeeper, so I have a much better relationship with him, and he knows everything, versus a specialist only dealing with a specialty issue with me.” – Group Two Participant*

4) Race and age of primary care clinicians did not matter to most participants. A few women said they'd prefer a female clinician, but most participants did not express a preference about gender. When we asked about this, several of the women who expressed a preference for female clinicians mentioned the importance of having a clinician who listens to them and noted they'd had experiences to the contrary with male clinicians. Participants of color did not express a preference in favor of physicians of color.

- *“It doesn't make a difference who they are.” – Group Two Participant*
- *“I just want doctors that listen to me and listen to what I'm saying instead of just assuming that they know what's going on, because I've had that happen to me before.” – Group One Participant*
- *“When it comes to a dermatologist, I'd rather someone closer to my skin complexion because they have more of an understanding of how my skin is going to react. But when it comes to primary care, just experience and professionalism are what matters.” – Group Two Participant*
- *“I mostly just prefer female doctors, but that's about it. I don't really care about age or race.” – Group One Participant*
- *“I've had a ton of primary care physicians in my life, and there's never been any defining feature.” – Group Two Participant*

5) Participants were very open to speaking to primary care clinicians about mental health, but reported that their clinicians did not consistently raise mental health during routine appointments. Some participants said they would not know where to start a discussion about mental health if not with their primary care clinician. Participants did not treat mental health as taboo or attach any stigma to the topic.

- *“I think it's convenient. You don't have to research and find extra support when you need it. Your primary care provider already has all of your information, so they can help you and find the best support for you.” – Group One Participant*
- *“I think that it'd be a lot better if I could just go to my primary care doctor to talk about mental health instead of having to pay the money to see a specialist.” – Group One Participant*

- *“In terms of mental health, I would want to start the conversation with my primary care clinician and see what their thoughts about it were, and then go from there.” – Group One Participant*
- 6) **Participants were largely unfamiliar with health care buzzwords**—even somewhat common terms like ‘lifestyle medicine,’ ‘retail health care,’ and ‘behavioral health’ were largely unknown.
- *“Lifestyle medicine makes me think of Botox and plastic surgery.” – Group One Participant*
 - *“I think behavioral health means different health issues, like mental health issues.” – Group Two Participant*
 - *“Retail health care is the health care plan you would purchase or add-on to health care options for your primary plan.” – Group Two Participant*
 - *“I’m thinking that lifestyle medicine is like alternative medicine, or things that change behaviors like exercise and diet as opposed to taking medications.” – Group One Participant*
 - *“I think retail health care is like CVS or Walgreens, where you can go in and get vaccinations or go in for something small, like a cold.” – Group One Participant*

Clinician Interview Insights

- 1) **Primary care clinicians think it's important to have a long-term relationship with patients and believe their patients feel the same way.** Primary care clinicians want to develop long-term relationships with their patients. Several clinicians stated a major reason they went into primary care was for the longitudinal nature of the relationships and continuity of care, which they believe is important for their patients' overall health and wellness. Primary care clinicians see primary care as an entry point into the health care system and see their practice as their patients' home base.
 - *"Primary care is the place where families enter care. They start with their primary care provider."*
 - *"I would define primary care as the first line of health for patients—for public health, really. A lot of times, when something is going on, the primary care provider is the first person someone talks with."*
 - *"Primary care is the first touch point into the system of health care. The way that primary care works now is that you're able to coordinate your care with your PCP."*
 - *"Primary is more seeing the patient as a whole and helping to manage their care, like a general manager of their care. If someone has a lot of specialists, that means managing all their specialists even if you aren't making decisions, and helping to provide resources that aren't medical but may be necessary for their health—the social, the economic, transportation, food, etc. As primary care physicians we often navigate all that being the primary in navigating their health and helping them find specialists they may need."*
 - *"I went into medicine to work with people and help people. I enjoy the idea of long relationships with patients."*
 - *"I fell in love with primary care and stayed with it because of the opportunity to get to know patients really well. It's like seeing an old friend, even if you only see them once or twice a year."*
 - *"I love the continuity of care, longitudinal relationships with families, seeing children from birth to age 21 and that bond that you develop over time."*
 - *"I chose primary care for the longevity of relationships—the opportunity it offers to get to know families for the long-term and seeing all aspects of a patient's health."*

2) Generational differences were not significant in the way interviewed clinicians practice.

Throughout the interviews, clinicians expressed the importance of teamwork in their practice and how each member is valuable. When probed, some interviewees indicated minor differences in character traits between millennial and older clinicians, but it was made clear that primary care clinicians work as a team and that individual personality differences are more significant than generational differences. Clinicians interviewed saw team-based care as essentially the only approach to care and prefer everyone to be practicing to the top of their license. They also see team-based and integrated care as playing an even bigger role in the future.

- *“I don’t think you can lump an entire generation together and make generalizations about them.”*
- *“There are couple of doctors in their 40s or early 50s, and I don’t see a huge difference there. There is definitely more of a difference among physicians in their sixties and seventies. These things [lifestyle medicine] aren’t on their radar. Among us younger doctors, some are ‘all in,’ and the rest of us see some good things in it.”*
- *“They’re slight. I don’t think they’re huge. A larger leveraging of technology and apps and devices is more likely to happen with younger generations. Older [generations] are more acclimated to traditional methods.”*
- *“I think our group is very team-based. It’s one of the reasons that I joined this group. There is a team-like environment that centers around helping and supporting each other. Traditionally, I think older clinicians are usually less likely to embrace team-based care, but that’s not true for our group. It’s what drew me to this group.”*
- *“Actually, I have really good role models from older generations who taught me how to empower your team and provide more effective care. My colleagues trained me.”*
- *“I think we should all be practicing medicine based on evidence and trials and research and outcomes, but for older colleagues, that’s not their priority. It’s to get their numbers down, not taking a step back to see why the numbers are where they are. They know a medicine that will help bring the numbers down. They don’t broadly integrate. A lot of younger colleagues like to talk about creative ways to get it done and ways that they’re willing to be adherent.”*
- *“I have a physician down the hall who asks me for my opinions sometimes, and he’s been in practice for more than 30 years.”*

- *“MD are trained to be team leaders, but I would say it’s a stylistic approach about how we lead.”*
- 3) **Clinicians did note that treating millennial patients is often different from treating patients from other generational cohorts** in that they are more likely to ask questions, utilize technology, and expect a mutually respectful working relationship, rather than a more traditionally paternalistic one.
- *“I think it’s difficult. It’s pure numbers or statistics. Most millennials are at an age when they don’t need to go to the doctor that often, or at least, they think they don’t need to. A lot of times, they’re fortunate enough to be young and healthy. They make choices based on convenience and technology. But I think they’ll get older or develop more health problems, and things will change.”*
 - *“The standard stereotypical view is that older patients have a traditional relationship with the physician. They have a problem and the doctor is the expert and tells them what to do—no dialogue or conversation. The younger generation wants more access and fast answers and dialogue. They are more apt to ask questions or look into things on their own and challenge things in a good way.”*
 - *“This population has grown up in a different environment and technology is innate. Connecting with care and using technology is understood, and I see more millennials using MyChart and engaging with their clinicians versus older populations. I think people are more interested in exercising self-care. It’s less paternalistic and ‘doctor please fix all my problems.’ More clued into tech, more aware of information, though it can be disinformation, and more interested in partnership with their clinicians.”*
 - *“Millennials are more interested in understanding the care that’s being delivered to them. They ask more questions and want to be treated as an equal in receiving their care. When you’re treating a millennial, they want you to talk to them as though you’re a friend, they don’t have a ‘I’m the doctor’ type of mentality and I think our geriatric patient population does just accept that because that was the standard. That paradigm is changing, and I think it’s a good thing.”*
 - *“Millennial-aged patients do a little more Googling and bringing in what they’ve read and bringing in the options and the one [medication] they want. Sometimes they are a little more demanding. They have preset expectations—the quickest and easiest route to fixing their problems. I think with them a lot of it is educating why that may not be the best choice and then providing ways to track their health, integrating technology with which they are more comfortable.”*

- 4) **The term “lifestyle medicine” did not resonate.** Millennial clinicians interviewed describe practicing what sounds like lifestyle medicine—including proactively addressing issues like mental health and substance abuse—but they didn’t refer to their work as “lifestyle medicine.” Several clinicians expressed the term doesn’t capture the breadth and seriousness of their work. A few were unsure what it meant or how to define it.
- *“Lifestyle medicine, in my opinion, is family medicine with a little bit of sparkle put on it. It’s a fancy new term.”*
 - *“I’m not familiar with the term. It makes me think about a clinician coaching you on lifestyle habits, exercise, etc. rather than focusing much time on medications.”*
 - *“I’m familiar with the term, but don’t know that I’m comfortable with the concept. I think it means prioritizing needs and wants and quality of life activities of daily living and prioritizing care to meet those needs.”*
 - *“I’ve heard the term, but I don’t use it.”*
- 5) **Millennial clinicians are interested in new methods of communicating with patients.** The COVID-19 pandemic has changed the way clinicians communicate with their patients, leading many to utilizing telehealth practices. When asked to rate how much COVID-19 changed the way they practice primary care on a five-point scale with five being ‘substantial effect’ and one being ‘not much effect at all’, the average score was 3.7.

When asked to rank the value of various methods of communication on a five-point scale with five being ‘extremely valuable’ and one being “not at all valuable or not applicable,” telehealth was rated most highly with an average score of 4.6; however, several interviewees noted that they were not actively using telehealth before the COVID-19 pandemic began. Millennial clinicians are interested in continuing to utilize telehealth because it provides more flexibility and direct pathways of communication with patients.

Other methods that ranked highly include telephone communication (3.8), open notes in patient portals (3.5), and remote patient monitoring devices (3.4).

Some clinicians want to communicate with patients via email and text, but are concerned about HIPAA violations and determining what communications methods are appropriate for their practice. Several clinicians did note that while they want to find the most effective ways to communicate with millennial patients, they were not in favor of adding more methods to the list without critically thinking about which could be removed or deemphasized and often tied this hesitation to adding another level administrative work for themselves.

- *“COVID-19 changed care completely. We weren’t even doing telehealth before COVID.”*
- *“From a doctor’s standpoint, there are a lot of ways in which patients can reach out to us—portals, phones, emails. Simplifying would be better for physicians.”*
- *“We’re doing a ton of virtual health visits, which we never did at all. We haven’t been seeing sick patients in the office. Those are all virtual.”*
- *“We were really not offering telehealth before the pandemic, which we’ve rapidly changed. It’s caused the ability to do some remote work and that has changed my practice and approach. There’s been a huge approach change in terms of education and more contact with my patients honestly.”*
- *“The biggest change is accelerating virtual care and doing a larger percentage of virtual care visits and then I think every appointment is five more minutes of discussion of the pandemic, vaccines, treatments, all the stuff. Five minutes got added to every appointment.”*
- *“From communication standpoint, email would be valuable, and we need to explore it moving forward. We’re not utilizing it in primary care, and it can be utilized.”*
- *“I think our patients want to text, but for HIPAA purposes we’re not supposed to do that. I think it’s a line of communications to optimize, but it’s not useable in our current setting.”*

6) Overall, primary care may not be exactly as they expected, but clinicians interviewed report enjoying a high level of career satisfaction. Millennial clinicians enjoy their practice and helping patients. When asked to rate how satisfied they were as a primary care clinician with five being ‘extremely satisfied’ and one being ‘not at all satisfied,’ the average score was a four.

- *“I really love what I do, especially when everything is going well. You have relationships. Patients trust you, and you feel like you are really helping people.”*
- *“The mental strain and a level of responsibility that I knew I would be taking on, but living it is different.”*
- *“I love my job, and I love talking about what I do. I look forward to going to work most days. It’s draining and exhausting on some days, and we get calls at 5:30 in the morning and at 7:00 at night sometimes. But I still love my job.”*

- *“It’s more or less what I thought it would be, but it is faster-paced than I realized.”*
 - *“I think that in medical school, I expected a fair amount of volume and the ability to build relationships with families. Those two things turned out to be true.”*
- 7) **Some interviewees expressed dissatisfaction with certain aspects of their work**, such as spending large amounts of time doing paperwork and charting (including EMR work) that they’re not reimbursed for. Overall, clinicians want to spend more time with patients to further build relationships and hope that positive change in the field is on the horizon.
- *“I was not trained in population health at all. Doing all the work that needs to be done between office visits in addition to doing visits was a surprise to me.”*
 - *“The massive amount of work that it takes to keep with a panel of patients was a surprise.”*
 - *“I’m not sure if it was totally surprising, but the non-face-to-face time that you have to spend charting and leaving messages is a lot, and it continues to build over time.”*
 - *“The hustle and bustle and the administrative stuff limits the care you’re able to provide.”*
 - *“All the paperwork and charting is overwhelming because I’m just getting it all day every day.”*
 - *“Primary care will be 100% different 10 years from now. The way in which we allocate resources in primary care is going to change.”*
 - *“I think that it will change in 10 years—I can see it actively changing. I have hope.”*

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