A Personal Perspective
On the Physician Generation Gap

By Richard G. Stefanacci, DO

For many, one of the most difficult challenges in managed care is managing physicians, not making utilization decisions. As being a physician who will be sandwiched between two generations of health care providers, I have a unique perspective that may provide insights in the development of tools and resources to better harness the range of the physician workforce. My 85-year-old father, also Richard Stefanacci (his middle name is George and mine is Gabriel), is still an active health care provider. After retiring from a surgical practice at the age of 70, my father built a skilled nursing facility in Newark, N.J., where he maintains active involvement in the day-to-day administration. Often called traditionalist, his generation of physicians—they bristle at being called health care providers—are frequently described as dedicated, conventional, respectful of order, and altruistic. They grew up in a world characterized by faith, patriotism, and justice. Given that traditionalists range in age from their late 60s to late 80s, most are either retired or serving in a leadership role. Their benefit to an organization is that they remain loyal and extremely hardworking while typically not working well with either teams or technology, although my father has mastered the iPhone and sends texts with an occasional emoji.

Contrast my father with my 20-year-old daughter, Morgan Stefanacci. A student at the University of Colorado Boulder, Morgan is now contemplating a career in health care. That in itself is a difference from my generation. My decision to go into medicine—which was made for and by me—was arrived at when I was about 10, in part because I was allowed to watch my father perform surgery at Saddle Brook General Hospital (rules have changed!). Today’s health care professionals are often coming from nontraditional pre-med backgrounds. In fact many schools, like Thomas Jefferson University where I work, are actively promoting this mindset to develop physicians with different kinds of experiences, including those that take place outside of the classroom.

Morgan is firmly planted in the millennial generation, a group that has come of age in a time of immediate access to almost boundless information and ever-advancing technology. Her generation is confident, practical, creative, and values technology. They are a valued resource in most managed care organizations because they work well in teams and with technology. One challenge managers may have is the high value they put on their personal and family time. Some attribute this outlook among young physicians to the limits on residency hours, motivated by concerns about patient safety. For today’s managed care organizations, it means hiring more physicians and physician extenders—nurse practitioners and physician assistants—to fill this productivity gap.

And me? I just turned 54. I graduated from medical school in 1989 when George H.W. Bush was president. I’m in the tail end of the baby boom; we boomers are typically characterized as feeling entitled, being competitive, and having appetites for instant gratification. But similar to my father’s generation, we often value hierarchy and a strong chain of command that can stand in the way of teamwork. There are early adopters among us, but as a rule, we’re less adept at dealing with new technology than my daughter’s generation. We also connect differently. My father’s generation and mine prefer phone conversations and in-person meetings while Morgan more commonly connects through the Internet, email, and instant messaging.

I see this generational range in the workforce. The differing work and communication styles mean leaders of managed care organizations need to connect and motivate in a whole variety of ways so they can get the most out of providers of all ages.

Source material