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Silicon Valley Meets the Stethoscope: Preparing for a Career in Technology-First Medicine

Kaley Qin

What will my first job look like?

Every medical student asks this. The answer felt abstract back in 2023, when I was a pre-med student immersed in organic chemistry, focused solely on taking the MCAT. However, that same year, Amazon acquired One Medical for \$3.9 billion. I didn't understand the relevance then, but I couldn't miss the clean, minimalist clinics filling empty storefronts. They looked more like Apple Stores than doctors' offices.

Now, as a medical student, I realize I know more about 20th-century medicine than I do about the companies that might employ me in the 21st century. One Medical is just one player in what I call "technology-first healthcare." Our future patients will receive care from these clinics. Some of us may interview there soon. This article is my attempt to understand what "technology-first" really means for our patients, our profession, and the doctor I want to become.

Four criteria to define "technology-first healthcare":

First, they use a proprietary electronic health record system. Unlike hospitals or private practices that license existing software, these companies build their own centralized platform. Like existing EHRs, these platforms handle scheduling, note writing, and ordering lab tests. What's starkly different is that they give patients greater control of their care, ordering what they want, when they want it. This leads us to the next criterion: they blur the lines between primary and urgent care.

Need a same-day strep test? They've got you covered. Want to talk about recent shortness of breath? They can do that too. These models are designed to maximize efficiency and convenience for patients. But that doesn't mean patients get the care they need. When patients fully control their own scheduling, continuity of care isn't guaranteed.

Third, these companies are often hybrids of subscription- and fee-for-service-based systems. Most combine monthly subscription fees with traditional fee-for-service billing. You can also choose to pay for one service at a set out-of-pocket price. And, some companies accept insurance that covers services layered on top of membership dues.

Finally, they share a very specific aesthetic of clean lines, minimalist waiting rooms with screens showing your wait time, and iPads instead of clipboards. The design sells a lifestyle of modern, calm, and seamless health care, signaling a departure from the "chaotic" nature of traditional healthcare.

Amazon One Medical is just one player in this new, rapidly emerging healthcare system. The other one I will focus on in this article is Carbon Health. Together, they represent a shift in how primary care is delivered and, more importantly, define who is accountable for our patients' health.

I see the benefits. Personally, when I got into medical school, I needed a TB test. I ordered an on-demand test from Carbon Health, showed up at a nearby clinic, and was in and out in 15 minutes. I didn't want to go to my PCP for an entire visit just to order this test. It was convenient to know exactly how much I would pay and when I would be seen.

While I only used their urgent care-like services, the metrics these companies share show they are succeeding across multiple care areas. In November 2022, Carbon Health self-published data announcing their diabetes program helped over half of patients with elevated A1c achieve recommended glucose monitoring targets within the first four weeks. Patients with an A1c above 9.0% saw an average decrease of 4.2%. These metrics tell an incredible story about how a personalized, technology-first system can be highly effective¹.

One Medical celebrated a different kind of success. In a 2023 LinkedIn post, they claimed that the company's Net Promoter Score (NPS) was 90, exceeding the healthcare industry average of 58. NPS is a company-reported marketing claim that measures customer satisfaction through surveys asking, "On a scale of 0 to 10, how likely are you to recommend us to a friend or colleague?"

This reported success is exciting for patients, but it raises some concerns for me. Firstly, it is self-reported. Companies choose what to share, when to share it, and how to market it. Despite their size, I struggled to find any publicly available, peer-reviewed data on their hypertension control rates, cancer screening compliance, or other long-term care outcomes. This is concerning because self-reported metrics lack external validity and can be inflated or changed at whim without peer review. The fragility became clear when Carbon Health's diabetes outcomes webpage went offline after the company's February 2026 bankruptcy filing. As of late March 2026, the outcomes cited above are no longer accessible.

My second concern is that the metrics capture specific moments in time rather than long-term outcomes. A diabetes program with impressive four-week results doesn't tell us whether those patients will maintain control at one year or a decade. An NPS of 90 reflects strong customer enthusiasm, not clinical quality. A patient can recommend a clinic for its convenience, without knowing how good its preventive care is or whether their chronic conditions are well managed. The prioritized data feels geared towards investors rather than the healthcare community. In the absence of peer-reviewed, long-term outcome studies for technology-first models, the closest proxy is retail clinics, which similarly publish little beyond short-term utilization metrics.

Retail clinics like CVS and Walgreens deliver convenient walk-in care, including acute care services, at significantly lower costs than traditional settings. Still, cutting costs means scaling back comprehensive evaluation and management services, the kind typically performed in traditional ERs or clinics. This trade-off can endanger complex patient populations, and evidence regarding the quality of care or long-term outcomes in these settings is limited².

Technology-first clinics are an even greater concern given their scope of care. While retail clinics handle low-acuity, acute visits, technology-first companies aim to manage chronic conditions, which require far more evaluation and carry greater clinical complexity. If retail clinics already struggle to demonstrate robust outcomes, we should be even more concerned about technology-first companies.

Contrast this with traditional healthcare establishments (hospitals, private practices, and concierge medicine) that are often measured against Healthcare Effectiveness Data and Information Set (HEDIS) metrics. HEDIS is a standardized set of performance measures developed by the National Committee for Quality Assurance and used by more than 90% of U.S. health plans to assess performance and

accountability for patient outcomes. While HEDIS reporting is not a universal requirement, it helps with tracking things like the percentage of diabetic patients with controlled blood sugar, women who've received recommended breast cancer screenings, or children fully immunized. These metrics tell us whether our healthcare system is working. They allow clinicians to determine which treatments are needed, what tests are appropriate, and what's safe for each unique patient. It doesn't seem that technology-first companies are ready to share them.

So, what does all of this mean for those of us entering the workforce in the next decade?

As medical students, we're taught that the patient-physician relationship is everything. It requires trust, understanding, and human connection. Research links greater continuity of care to increased medication adherence, improved health promotion, and, most importantly, lower mortality rates³. But today's technology-first healthcare system is shaped by companies prioritizing profit over people. The proprietary EHR systems are designed by engineers with fundamentally different priorities. To launch, these ventures must appeal to investors seeking returns. To maximize returns, the system is designed to maximize efficiency, reduce costs, and generate revenue by providing as many patients as possible with instant care. The convenience is real: same-day appointments, virtual visits, and streamlined systems. But if continuity of care keeps patients alive, what does it mean when a system is structurally designed against it?

A 2024 study by Gotler et al. found that many medical students were deeply concerned about the future of healthcare amid the rise of corporate ownership and profit-driven care. Interviewees expressed anxiety about pushing our patients away from seeking care. One person captured this succinctly, stating, "I can't fathom why anyone would allow a sector like health care to be driven by profit motive." But the study also revealed ambivalence. Many expressed excitement about the parallel growth between healthcare and technology. One acknowledged, "It's amazing what we're gonna get to do with technology"⁴.

This tension between skepticism and excitement is exactly where I sit. I see the convenience. I understand the efficacy. But I worry about what will be lost as technology-first health care grows. The system is new. And as the next generation of physicians, do we have a stake in getting answers to the question of whether this is a positive change?

We must stay curious about what gaps these companies are actually filling, what it would mean to work there, and how our presence as physicians can shape these systems for the better. Technology will always shape our lives as clinicians and our patients' lives. New tools and forms of care will keep coming. The question isn't whether to engage with them, but how to ensure they center our patients' best interests.

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