



# Bringing empathy back to healthcare — with an app?

By David Levine | August 5, 2016

Jordan Shlain, M.D., calls it “innovation by irritation.”



A San Francisco internist, Shlain was annoyed when a patient failed to follow up with him and ended up in the emergency room.

His efforts to learn why the system broke down led him to create HealthLoop, an app that aims to make doctor-patient communication easier.

athenaInsight spoke with Shlain about patient engagement and his role as a leader in medical technology development.

**Q** Tell us about the “irritation” that caused you to build an app?

**A** I had a patient with pneumonia. I gave her my cell phone number and asked her to call me if she was not improving. But she didn't call. She was not worse from day to day, which to her was ok — she felt the same — but to me, it was not: With pneumonia, if you feel the same you

are not getting better, you are actually doing worse. This is a very nuanced point. Then she fell off the cliff and ended up in the ICU. My first reaction was, ‘Why didn't she call me?’ And my second reaction was, ‘Shame on me, why didn't I call her?’

This was Silicon Valley, 2008, and consumers had Google, Facebook, and LinkedIn, but there was no good digital technology for doctors. The medical profession was developing Neanderthal technology in the form of early EMRs, which were glorified cash registers with document management systems. I looked at EMRs to see which could reach out to patients in a contextual and relevant way, and there were zero.

**Q** What did you do?

**A** I had two key insights. One: The entire medical transaction system is based on CPT codes and ICD codes, neither of which have a single empathic bone in their body. They are sterile, collect-the-money codes. They don't help doctors to help people. The second insight was that patients don't know if they are on the right

track. They get no daily guidance once they leave the doctor's office.

So I created my own codes. I called them empathic codes: I am "really concerned," "kind of concerned," or "not that concerned" about my patient not doing well. I built a spreadsheet with three columns: "same," "better," or "worse." If I was really concerned, I called every day to ask if they were the same, better, or worse. And it worked. A patient said I should turn it into software, so in 2008 I hired a developer and did. Since then, we acquired a venture partner and changed it to become what it is today.

**Q** And what is that?

**A** HealthLoop is trying to crack the code on digital empathy. Technology should be in the background to help doctors help their patients. Yes, you need all the administration crap, but ultimately, technology is about providing patients and physicians with relevant, contextual, and actionable information at the right time.

The market is beginning to declare that outcomes will equal incomes, and HealthLoop is a conversation-enabled outcomes engine — using digital empathy as its foundation. For example, HealthLoop can give physicians and care teams early warning signals for instances when patients developed post-operative complications, including blood clots and surgical site infections.

**Q** Why do you think this approach works?

**A** The functional unit of humanity is a conversation, and HealthLoop enables this conversation to occur at the convenience of the patient and the doctor. We were told old people wouldn't use technology, but the amazing part is that 61-to-70-year-old patients are the most active users — they use it all the time. And older people are the most satisfied. They want to stay connected to their doctor.

We now have over 30,000 patients enrolled, with over 1.2 million touch points in 2015 alone. HealthLoop has an 81 percent activation rate and a 25 percent reduction in readmissions. Moreover, there is a 63 percent completion rate for Patient Reported Outcomes measures at four weeks, and at the one-year mark. We also have demonstrated an 11 percent increase in HCAHPS, and 86 percent of patients responded in the top box score of likelihood to recommend the doctor.

**Q** Can we back up for just a moment? Can you explain what you mean by "digital empathy?"

**A** The most under-leveraged asset in health IT is trust. Where does trust live in healthcare? Usually, between patients and doctors. Sadly, that trust has diminished because of the mind-numbing bureaucracy and the festival of measurement; yet, despite the headaches, patients still trust their doctors. If a doctor says to a patient, "I want to stay in touch with you. Will you work with me on this system?" Of course they say yes.

In healthcare, technology often misunderstands and conflates a) compassion and b) process. Process is always attached to money and efficiency, but if the focus is on efficiency, you lose quality and compassion, and people get disenfranchised. Everyone is trying to get between the doctor and the patient, to take a piece of data and money out of that conversation. I say get everyone out of the way, let doctors and patients work together to get the best outcomes, and when you do that, cost goes down.

**Q** What's it going to take to actually bring the change healthcare needs?

**A** The profession of medicine is being overtaken by people who don't understand the nuance and humanity involved of tending and caring for a sick person. They read emails, review spreadsheets and analytics, and have meetings, but they are not listening to someone dying of cancer. The truth is, most people are driven by money and metrics, not compassion

and empathy. I believe in pushing back on everyone who says, "this won't work." They have no idea what will work. They are just risk averse and waiting for someone to follow.

If we listen to what patients want and what doctors want, we realize it's the same thing: a sense of purpose and dignity. I often feel like the Lorax, not speaking for the trees but for the doctors who are being de-professionlized. I want to reposition doctors as healers, and clear the decks of the bozos that are making our lives miserable.

Costs are going up, outcomes are getting worse. I have no patience for people who are afraid and dawdle. No one ever made a bronze statue of a follower. We need leaders if we are going to make things better in our industry.

*This interview was edited and condensed. David Levine is a contributing writer to athenaInsight. He is based in Albany, NY.*



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