



Healthcare IT's stealth weapon: Empathy

By Santosh Mohan and Rasu B. Shrestha, M.D. | May 10, 2018

Are you delivering patient-centered care at your organization? Of course you are. It's 2018, after all – by now we all strive to be providing care that focuses on the patient rather than on the needs of our own internal processes.

Or at least that's the goal.



Santosh Mohan

Unfortunately, day-to-day many of us find technology can be an impediment to care. Doctors are so busy inputting notes and looking up charts, they're more focused on a computer than on patients. This isn't

good for patients, and it isn't good for physicians, who are suffering from burnout in record numbers.

How can we turn that around – how can we make technology an enabler of better care?

Our answer: human-centered design. We believe it's time to leverage user experience and design thinking to alleviate burnout and let doctors return to their passion – caring for patients.

Starting with empathy

Where healthcare is riddled with complexity, human-centered design is about simplicity. It's design thinking that starts with empathy.

Consider this incident in the workday of Sharon, a dedicated nurse at a major urban emergency department (and yes, she's a real person).

Sharon is typing patient data into an EHR when the hospital has a power surge, crashing PCs and other



Rasu B. Shrestha, M.D.

electronic equipment, including automatic respirators. After stabilizing her patients using a manual respirator bag, she reboots her computer to re-enter the data, but is now locked out of the system. She waits on hold for 20 minutes before IT solves the problem.

By this time, Sharon is burning with frustration because technology has gotten in the way of her job – caring for patients. Meanwhile, IT is patting itself on the back because the help desk has fielded 4,000 incident calls this month, resolving 70 percent of them on the first try. Those are the metrics information technology has traditionally used to measure performance, but they're not measures that will help Sharon and her colleagues better care for their patients.

Measuring what matters

What if technologists instead invested their time in truly understanding healthcare workflows and clinicians' needs?

Rather than simply throwing tools at a problem, IT should make the shift to a human-centered design process and begin by mapping the highs and lows of the clinician journey. They would be that much better equipped to build into their design the digital touchpoints that can truly improve user experience.

In healthcare, one way to do this is to walk a mile in clinicians' shoes. Doctors already go on rounds to see how their patients are doing. Why can't IT staff tag along and see firsthand where their systems are working – and where they aren't?

Several hospitals have in fact started to do this.

At New York-Presbyterian, IT has placed a new focus on the "customer experience" – where the clinician is the customer. The IT staff accompanies doctors on rounds, noting how they use tech and any problems they

encounter. Then it follows up by sending a list of these problems to clinicians, including "fulfillment dates" by which IT intends to fix them.

At Stanford Health Care, technology staff have "rounding cards" that include their photo and a few human-interest details, like "I have a graduate degree in medical anthropology" or "I am committed to premium IT service."

At the end of rounds, IT employees write on their cards the issues they will follow up on and give the cards to clinicians. This sort of personal contact, and personal calling card, helps medical and IT staff get to know each other better and reinforces IT's commitment to improving healthcare.

The empathy journey, step-by-step

Such programs are step one in an empathy-informed design process that truly puts physician preferences first to digitally transform and enhance the care-delivery experience.

Subsequent steps include narrowing down the problem to be solved, ideating potential solutions, prototyping the possibilities, and testing them with clinicians. This process is rinsed and repeated in quick cycles, not necessarily in a linear way, to improve the clinician journey with each iteration.

The approach can help us to think about how to fade technology into the background in order to enhance the interactions between the patient and clinician during the consult or to bring it forward to build longitudinal relationships before or beyond the consult.

Who should lead such technology experience design efforts? We're heartened by the emergence of administrators like Chief Wellness Officers and Chief Experience Officers who serve as a bridge between technology and clinician groups. And perhaps it's time for the notion of Chief Patient Officers to gain traction as well.

Tech as the toolbox

Doctors once used to carry tool boxes around with

their medical wares. Today, technology is that toolbox. Clinicians deserve to be understood no less than the patients they care for. When we take time to design with empathy and compassion, we better serve both those customers.

Santosh Mohan (@santoshSmohan) is head of More Disruption Please Labs at athenahealth. Rasu B. Shrestha (@RasuShrestha) is chief innovation officer at the University of Pittsburgh Medical Center.

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