

## INNOVATOR SPOTLIGHT: DR. JIM LEBRET, HITLAB SCHOLAR

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Dr. Jim Le Bret

Spend five minutes with Dr. Jim Le Bret and you'll feel instantly energized, ready to hit the ground running in your now revamped quest to transform the world. He has that effect. Luckily, he is not only a physician, innovator, and entrepreneur, he is also a teacher with much to share.

Dr. Le Bret is an assistant professor of medicine at the Institute for Innovations in Medical Education, part of New York University's School of Medicine, and an attending hospitalist at Bellevue Hospital Center. He also sits on the advisory board of Cohere Health and consults for Oscar Insurance and Cloud Medx. In addition, he facilitates connections between a host of NYC institutions and organizations, including [HITLAB](#) and the [Digital Health Breakthrough Network](#).

### THE DIGITAL DOCTOR

Dr. Le Bret has always been interested in both health and tech but has come to see the crucial importance of combining these passions. His initial effort was an app designed to improve cardiac arrest outcomes by automating certain aspects of CPR so physicians can concentrate on saving lives.

He has gone on to help create other software, including a program for Google Glass. And he has influenced NYC's digital health culture—working with developers, designers, venture capitalists, and startups.

Dr. Le Bret created a startup of his own, which is focused on advanced care planning. He notes only 33% of those aged 65 or older have advanced directives; of these, a mere 6% put these important instructions to use at the point-of-care—when they're most needed. He is passionate about lowering barriers so patients can document their goals, and having these goals entered into the electronic medical record.

As he's learned the hard way, entrepreneurs in the digital health arena must consider clinicians' potential reactions to their inventions. Dr. Le Bret says physicians may be less than enthusiastic about adopting a new technology if they perceive the learning and implementation process will take time away from their already crowded schedules. "If there's any advice I can give to a startup, it's this: if you're creating something for frontline medical workers, create something that doesn't make more work for them."

Data is his current focus. "There's gold locked inside patient data. And getting it out of the electronic medical record is getting easier," says Dr. Le Bret. He is working with the Cloud Medx platform to answer questions in seconds that used to take months.

For example, he can find hundreds of patients who need tighter blood sugar control, and it might prevent dozens of hospitalizations. "It used to take a few days and an IT team to get this information—it now takes a few clicks."

### A BREAKTHROUGH OPPORTUNITY

Dr. Le Bret serves on the Advisory Board of the Digital Health Breakthrough Network, a newly launched project led by both the New York City Economic

Development Corporation and HITLAB. "There's an opportunity with the Breakthrough Network to start taking down barriers startups face in validating their ideas," he says. "Instead of trying to tackle a hospital system, we will rapidly test early-stage startups and prototypes in smaller clinics and simulated environments."

He goes on, "The Breakthrough Network is so important, because some new startups die in the embrace of big hospital systems. They just don't have enough runway to make it through the vetting process. It's a win-win. Startups will gain ordinarily unavailable access to medical environments and clinicians will be reimbursed for their involvement in the process."

What does he see as the Digital Health Breakthrough Network's objective? "Imagine startups as different tools to work on healthcare. Right now, there's no organization, no toolbox. You may have a hammer upstairs and a chisel in the basement. Meanwhile, your project is in the living room." An organization such as the Digital Health Breakthrough Network gathers tools in a toolbox and throws out the rusty, ineffective tools in the process, increasing organization, efficiency and access.

### **INNOVATION IS EVERYBODY'S BUSINESS**

Having an idea is the easy part of innovation, says Dr. Lebret. Bringing those ideas to fruition within hospital systems requires huge effort. Pilot studies can be difficult to get off the ground. Many life-saving innovations are not used "because we're human and there's only so much bandwidth that the decision-makers have to pursue good ideas."

In addition, physicians and hospital systems take time adapting new innovations for all-important safety concerns. "Medicine is a conservative enterprise for good reason," says Dr. Lebret. "Sometimes there is a lot more to lose by an innovation that fails terribly than to gain by an innovation that succeeds modestly. It's helpful to empathize and remember how hospitals operate. Innovations in medicine can take years because developing protocols for doctors, nurses, and other healthcare players often necessitates gradual changes in behavior. Implementation is 90% culture change and 10% technology change."

Dr. Lebret also points out that innovation isn't always about tech. "Technology is a tool, it's not an end," he says. "There are many things we can do in the hospital right now with a pen and paper that would be innovative and save lives." One example: adding simple illustrations to patient medication instructions can help improve adherence.

He and a new generation of clinicians are hopeful that appropriate tasks (he estimates up to 40%) will eventually be better handled by technology. "We work in coordinated teams of nurses, pharmacists, administrators, and therapists, bringing our individual skills to maximize outcomes. I don't believe in technical utopianism but I do work with technology that so powerfully changes patient outcomes that it could be considered a member of our team."

Despite hurdles involved in bringing innovations forward, the advantages for organizations and especially patients are clear and exciting to consider. Dr. Lebret is no doubt a key player, serving as a bridge between clinicians, hospital systems, and innovators.

We are quite sure Dr. Lebret will advance this positive ecosystem and are grateful to be collaborating with him. All of us at HITLAB are looking forward to his continued insights on our projects, which will no doubt remain energizing and inspiring.

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