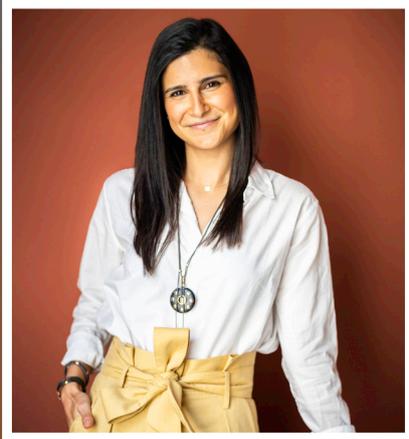


What's Your Story?

with Chloe Harrouche



Chloe Harrouche is a co-founder of The Lanby (*thelanby.com*), a primary healthcare members club in New York City. Her personal experience as a young survivor of breast cancer shaped her perspective of what patients want and need to feel supported in the primary care system. Harrouche previously served as a strategic consultant and project manager at Fundacion CardiInfantil, where she worked with Cleveland Clinic's International Operations team to create a 10-year plan to improve access and quality of healthcare in Colombia. She previously held management roles in healthcare tech strategy at Deloitte Consulting and as director of development at myFace, a healthcare nonprofit. Harrouche is a graduate of the University of Pennsylvania's School of Engineering and Applied Science, where she earned a bachelor's degree in bioengineering. She serves as board president of the Dubin Breast Center Young Leadership Board at Mount Sinai Hospital. Harrouche delivered a keynote address at the Healthcare Systems Process Improvement Conference 2022 in Orlando, Florida. Here are excerpts of her interview in an IISE *Problem Solved* podcast break held at the conference; you can see a video of the interview on the IISE YouTube channel, [youtube.com/iisechannel](https://www.youtube.com/iisechannel).

How did the inspiration for The Lanby begin with the healthcare experiences of you and your partner, Tandice Urban?

When I was 23, I was diagnosed with breast cancer. My treatment was very standard but I realized through that experience all the different challenges that patients were facing, namely the amount of coordination that they needed to do to manage their care. I was seeing a bunch of different specialists; they were all amazing, but what I lacked was someone who really helped connect the dots and really helped me quarterback my health and make sure that no open loops were left. And so as we thought about how we could address the problems that we both had as patients, we knew we needed to address that specifically.

The other thing that we realized is that the conversation within primary care specifically, but really with all specialties, is around reactionary approach to medicine, really treating the symptom not the system. I wanted to have a conversation with my doctor more about prevention, more about nutrition, ways in which I could take control of my health and be more proactive. What we realized is that primary care as it stood – which really should serve as that first line of defense, that place for people to go to seek counsel, to seek advice, to have trust – wasn't there. And so many young people today just don't have a primary care doctor and instead go straight to see a specialist or to urgent care, which is creating a very fragmented and siloed system and a lot of open loops in care.

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We wanted to sort of reclaim the role of primary care and by doing that we knew we needed to address two sides of the coin: One being to make primary care more robust, more relevant to our audience by incorporating wellness and elements of prevention into the conversation and the scope; and secondly, we needed to change the perception of primary care from “I *need* to go to the doctor because it's my annual physical” rather than “I *want* to go to the doctor because this is a time for me to optimize, for me to improve my health, for me to really be intellectually curious about everything going on with me and my data.”

We thought about how we could sort of take an engineer's mindset and really think back – if we wanted to start from scratch, what are the first principles that we need to change, that we need to think about, in order to change the scope and the experience? That's really how we went about every step of the patient experience.

How have you applied your engineering background in efforts to improve primary care?

What I have noticed, and this stems from also my background in Deloitte consulting where I was focused on technology implementations, is that the implementation itself is where the gaps are. Providers are very used to doing things the way that they were taught and they're not used to leveraging technology or improved systems in a way that makes the entire process more effective. I think the way in which we should, as an industry, all come together is figuring out how that implementation process can be done more smoothly and how we could be facilitating that transition from the status quo to a new way of doing things, recognizing that doctors are resistant to change. Trying to change to a new system is a layer of work that they just don't want to deal with.

How has the COVID-19 pandemic put a spotlight on primary care?

I really hope people recognize that the reason we're dealing with such a crazy pandemic is because there are so many underlying conditions people are just unaware of. Obviously we know that comorbidities exacerbate the effects of COVID. But what we haven't been talking about is how certain nutrient deficiencies and mineral deficiencies are similarly creating those issues because those don't have symptoms associated with them. So



Chloe Harrouche delivers her keynote address Jan. 21 at the Rosen Centre Hotel ballroom in Orlando, Florida.

unless you're going proactively to do your blood work, to have better habits around your lifestyle, your sleep, your movement, these are things that could exacerbate something like COVID in a setting where that didn't need to be the case. And so my hope is that people realize that there are things that are in their control that can really make a huge difference in preventing something like COVID from happening to us again.

— Interview by Keith Albertson

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