

Health 2.0 Challenge #1: Getting Doctors Off Fax Machines

Richard MacManus · October 10th, 2012



Today at the DC to VC: Health IT Startup Showcase, a collaboration between Morgenthaler Ventures and the Health 2.0 Conference, I saw firsthand how health IT startups are tackling big, real-world problems. Coming from a world where a photo-sharing mobile app gets bought for \$1 Billion, it's refreshing to see startups trying to solve important issues in the world. For even more context on the digital health market, I spoke to a relative veteran in this space and a keynote speaker at DC to VC today, Jeff Tangney from physician network Doximity. It turns out that fax machines are problem number one!

Jeff Tangney is a 40-year old entrepreneur whose first company, Epocrates, did an IPO in 2011. The windfall from that made Tangney a wealthy man. But rather than go into retirement, he dived back into the digital health market with a new startup called Doximity. It's a "professional network for physicians," allowing them to collaborate and share information.

During his DC to VC keynote, Tangney announced that Doximity has reached 100,000 physicians on its network, which is 16% of all U.S. physicians. 15% of Doximity's physicians use the product at least weekly.

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One quote from Tangney during his speech on stage really brought home how difficult the digital health space is. He said that "fax machines are the lingua franca of healthcare." According to Tangney, 15 billion pages of faxes are sent in the U.S. every year.

Indeed, when I asked Tangney after his keynote what are the main features of Doximity, he replied that eFaxing is one of the top ones. Even with a modern electronic tool like Doximity, faxing is ingrained in the workflow of physicians. Or as Tangney put it to me, "it's still an industry that runs by and large by the fax machine" - as well as doctors talking to each other on the phone. So moving physicians to digital communication and record-keeping is hard.

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But who can blame doctors, because they're forced to be very vigilant about patient privacy and legal compliance risks every day. I asked Tangney about how these factors influence the adoption of Electronic Health Records (EHRs) by hospitals and physician practises, which has been generally slow. I described my own experience as a patient with diabetes type 1 - I said it's frustrating that I cannot share my daily blood sugar readings electronically with my doctor.

Tangney's reply highlighted the real-world issues that he and other digital health entrepreneurs face. While I can send my blood sugar readings to my doctor, as a CSV file by email for example, my doctor could potentially be sued if he sends it onto a specialist for an opinion. Those risks are a disincentive to adopt new digital technologies.

To tackle those kinds of barriers, Tangney thinks that the health IT market will "start to break off and create its own Internet" - because it needs security and authentication. There will be a highly secure Internet network for physicians to swap data, such as my blood sugar readings. The consumer Internet will intersect with health networks, but essentially the infrastructure and legal requirements for health data will require a much more secure environment.

So there are difficult challenges for health 2.0 entrepreneurs. But I got the sense that Tangney would be happy enough right now just to transition doctors from fax machines to the iPad!