Group 8: Jordyn Springer, Dorri Kannell, Katelyn Shull, Katie Cheon

Hello Heart: The Next Generation of Chronic Disease Management Apps Case Analysis

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Executive Summary

Hello Heart is an app whose mission is to empower people to improve their health through tracking and understanding their cardiac health. The company was founded in Israel in 2013 by Maayan Cohen and Ziv Meltzer after Cohen's partner and Ziv's distant relative was diagnosed with brain cancer. Cohen and Meltzer identified a gap in the market: their loved one lacked the sufficient tools to manage their illness. At its core, Hello Heart believes that the right high-quality data and information can empower people to improve their own health. Their business model is a B2B2C model, with their customers being self-insured U.S. companies. The problem they have been discussing is whether to expand and offer support for other chronic conditions or to really focus on and expand features specifically for heart health. Additionally, they face one other problem: the decision to offer a human element, such as telehealth features like health coaches. Despite these two dilemmas, the company was growing steadily, tripling its revenue yearly, and retaining 97% of clients (*see more statistics in Exhibit A*).

There are two sides to both dilemmas the company faces. The first problem is whether to expand to more chronic conditions or to dive deeper into heart health. The argument to support broadening offers was based on the fact that many Americans with one chronic condition have multiple chronic conditions. In the U.S, 12% of people have five or more chronic conditions, and 40% have at least two (Stern, et al., 2022, p. 10). On the other side of the debate is the strategy to become the best in heart health and provide more clinical value. Heart disease alone accounts for 25% of deaths in the U.S (Stern, et al., 2022, p. 3). (*see Exhibit B for more on cardiovascular health*).

As a group, our recommendation is to dive deeper into heart health. This decision is based on a few factors. First, the case states that Hello Heart has barely tapped the U.S. market. Second, one of Krug's principles is to limit features because too many app features can confuse and deter users. Ultimately, focusing just on heart health has already been extremely successful and will better help the company reach the goal of becoming the best in heart health. The second problem is about adding a human component like health coaching, which was ultimately decided against due to the decision to integrate with current telehealth solutions instead of reinventing the wheel.

1. **What is the value proposition of Hello Heart, and what is the company business model? Who would you list as Hello Heart competitors?**

The value proposition of Hello Hart aligns closely with their mission to empower people to understand and enhance their health. The value of Hello Heart is for users with hypertension to have an app that helps manage their blood pressure with monitoring and suggestions for them to do in their day-to-day lives to improve their health. Hello Heart decided the best way to launch and accomplish their goals is with a B2B2C business model. What this meant is that the paying customers would be self-insured employers, while the end users would be the employee-beneficiaries.

One disadvantage that could be seen when looking at Hello Heart and its competitors is that Hello Heart only focuses on hypertension, while its competitors focus on multiple health conditions. In this space, most apps focus on specific health conditions rather than wellness management. The two biggest competitors for Hello Heart are Omada Health and Livongo. Both of these have the same business model as Hello Heart, with going through self-insured employers and health plans.

Omada Health began as a digital prediabetes prevention program with trained coaches and later expanded to offer solutions for hypertension, diabetes, mental health, and musculoskeletal (MSK) issues, serving both individuals and organizations like employers and health plans. Livongo began as a diabetes tracking platform sold to organizations like employers, health plans, and government entities, later adding a hypertension tracker with rapid coaching support. It went public in 2019 and was acquired by Teladoc in 2020, enabling integrated digital mental health solutions with app-based care and on-demand providers (Stern, et al, pp. 8-9).

These companies are the primary competitors due to their comparable business models and shared focus on hypertension. Vida Health is also shown as a competitor, and although they do not have the same business model as the others, they do focus on hypertension. It is also predicted that Hello Heart will face more competitors like Vida Health, which offer holistic solutions in the future (*See Exhibit C for the competitive landscape comparison*).

2. **Considering the user target for the app, should Hello Heart expand its product offerings to serve users with other chronic diseases, or should it focus exclusively on heart health and heart disease? What is your rationale for your recommendation?**

Hello Heart should focus exclusively on heart health and heart disease because of three major reasons: avoiding overextension, user trust and building credibility, and because heart disease is a massive market.

The main reason is that Cohen's reasoning for why they haven't broadened Hello Heart is rational in that they don't have the resources to do so. This is a common issue I face at the company I work for, with budget constraints and not being able to increase the accounts we are targeting or run more campaigns. It is a rational strategy to concentrate on heart disease and position itself as the leading app in this niche, rather than overextending into other areas and risking failure.

Hello Heart, positioning itself as the go-to solution for heart health, can deepen expertise, improve outcomes, and differentiate itself from broader digital health platforms like Omada or Livongo. As Krug mentions, too many features can confuse and deter users. Hello Heart excels at focusing on the user with the solution and management, providing them with what they need. Users with higher engagement were associated with a higher need for blood pressure control (Stern et al., 2022, p. 4). (*See Exhibit D for the engagement levels and percentages of the users*).

Hello Hearts' focus is on the US, and the leading cause of death in the US is heart disease, which kills more than 650,000 Americans a year. This represents around 25% of total deaths and makes the market ¼ of the US (Stern et al., 2022, p. 3). This isn't going away, so Hello Heart will always have new generations of people with heart disease coming into the market. The growth potential is significant without diluting focus.

The rationale for Hello Heart focusing exclusively on heart health lies in strategic focus, market opportunity, and user trust. By concentrating on cardiovascular care, Hello Heart can dedicate its resources to building deeper expertise, leading to better outcomes and stronger differentiation from competitors. This includes broadening the focus from hypertension to all heart-related illnesses. Heart disease is already the leading cause of death worldwide and a major driver of healthcare costs; the market is large enough for significant growth without expanding into other conditions. A slightly broadened, but still focused approach also strengthens user trust and brand identity, positioning Hello Heart as the expert solution for heart health rather than a generalist platform. This specialization helps the company stand out against broader competitors like Omada and Livongo, which offer multi-condition programs, and ensures Hello Heart remains uniquely valuable to users and employers seeking targeted heart health support.

3. **Should Hello Heart reconsider the addition of humans – such as health coach influencers or telemedicine doctors – to its app offering?**

Hello Heart had explored adding a human component to its app, such as health coach influencers or telemedicine doctors. This idea became more apparent during the COVID-19 pandemic, when most physicians had transitioned to virtual care. However, Cohen chose not to incorporate a direct human element within Hello Heart. Instead, she

preferred to position the app as a tool that could integrate with existing telemedicine systems. She thought that this approach better aligned with the broader healthcare ecosystem and avoided conflicts with other human-led programs already partnered with Hello Heart, such as CVS pharmacists or helpline nurses. Meltzer further argued that leaving the human element out of the app allowed users to engage more comfortably, since many experience feelings of shame tied to their health conditions. For these users, Hello Heart offered a private way to monitor their health (Stern et al., 2022, pp. 10–11).

Humans play an irreplaceable role in healthcare. Patients value not only clinical expertise but also bedside manner, empathy, and trust, qualities technology alone struggles to replicate (Schwartz, n.d.). Evidence supports this: a Harvard Health report found that patients working with in-person health coaches demonstrated a 35% improvement in medication adherence compared to those relying on AI-based systems (Grinspoon, 2020).

Although data proves the importance of human interaction, Cohen's decision to keep Hello Heart human-free was justified. Many patients feel uncomfortable sharing sensitive information, even with doctors, and may experience anxiety in clinical settings. For example, "white coat syndrome" describes how the psychological fear of doctors and healthcare settings can manifest as physical symptoms. For example, the rise in blood pressure may be triggered by the stress of being examined, which may lead to misdiagnoses of hypertension (Cleveland Clinic, 2022). By enabling patients to track their health privately, Hello Heart helps reduce these pressures. At the same time, the app should clearly position itself as a supplement rather than a replacement for medical care; it should encourage users to consult with cardiologists or primary care providers as instructed, rather than expecting ongoing oversight through the app alone.

Cultural differences also influence how patients use the app. For instance, Spanish-speaking users were more likely to share results with their doctors (Stern et al, 2022, p. 5). This may reflect what Krug (2014) calls "cultural constraints". Cultural constraints are norms that guide acceptable behaviors in different contexts and among different cultures (p. 128). In this case, Hispanic patients may be more open about sharing medical information, while other cultural groups might prefer greater privacy.

Ultimately, both sides can be argued and have pros and cons (*See Exhibit E for pros and cons chart*). While integrating Hello Heart into existing telemedicine systems remains a strong solution, the company could consider offering optional access to medical professionals. Rather than making this a core feature, it could be presented as a discretionary add-on, giving users the flexibility to choose whether or not they want human support.

4. **Analyze the Hello Heart app from a usability standpoint based on what we have learned about design affordances, constraints and breadcrumbs. How does the Hello Heart app reflect good design elements? What improvements would you recommend?**

The Hello Heart app demonstrates strong use of affordances by making user actions immediately clear upon opening the interface. The home screen emphasizes a large plus sign for logging blood pressure, while icons such as the heart or graph signal that health insights and trend data are accessible. Charts and visualizations guide users toward monitoring and interpreting their results without requiring technical expertise (Stern & Golan, 2021). These cues reflect Norman's (2013) principle of perceived affordances, which argues that effective design should make the next possible action obvious and reduce cognitive load. The app also incorporates constraints that enhance accuracy and user confidence. Input ranges for systolic and diastolic blood pressure are restricted to realistic values, which prevents mistakes and improves data reliability. Notifications act as soft constraints, reminding users to log their readings consistently and reinforcing healthy habits. Additionally, the Bluetooth cuff setup is structured step by step, and users cannot advance until the correct action is completed, thereby minimizing potential error (Stern & Golan, 2021). Norman (2013) highlights the importance of such constraints in guiding users toward successful outcomes while avoiding frustration.

Hello Heart does not use traditional breadcrumb trails, but it employs breadcrumb-like anchors that maintain user orientation. The dashboard and history log allow users to quickly return to familiar points or review past data, while onboarding features progress indicators such as "Step 1 of 3," which help users situate themselves in the process. These elements reflect Krug's (2014) usability principle that users should never feel lost and should always be able to reorient themselves with minimal effort.

The app's design strengths are also visible in its feedback mechanisms. Users receive instant, color-coded responses to blood pressure entries in green, yellow, or red, indicating whether results fall into healthy, borderline, or high ranges. Graphs showing trends over time provide actionable feedback that supports Norman's (2013) emphasis on feedback loops, allowing users to assess whether their actions, such as lifestyle adjustments, are having a positive effect. The clean, approachable interface, large fonts, and straightforward navigation support discoverability and usability, which builds trust in a health-focused application (Stern & Golan, 2021).

Although there are many strengths, there are some areas for improvement. Simplifying text-heavy instructions would align with Krug's (2014) advice to "omit needless words," helping users absorb key information more quickly. Feedback could also be

strengthened through clearer confirmation messages or subtle animations to assure users that readings have been saved. More explicit breadcrumb cues, such as a persistent return to the dashboard button or progress bars in deeper menus, could further orient users. Finally, embedding micro-learning features, such as expandable tooltips explaining systolic and diastolic measures, would enhance user education without cluttering the main interface.

By combining strong affordances, constraints, and breadcrumb-like orientation, Hello Heart offers a design that is simple, trustworthy, and empowering for patients managing chronic conditions. With refinements in navigation, textual clarity, and contextual education, the app could further deepen engagement and usability, ultimately enhancing its role in chronic disease management.

5. Conclusion: will Hello Heart continue to be a successful app?

Hello Heart appears well-positioned to maintain its success. This strength lies in its flexibility, its close attention to the needs of its target audience, and its strategic use of audience segmentation. The company categorizes its users into three personas: highly engaged, moderately engaged, and less engaged (Stern et al., 2022, p. 5). Personas not only support storytelling and empathy but also guide design decisions and make research findings easier to communicate (Faller, 2019). Hello Heart demonstrates a commitment to continually refine these personas; they do this by conducting ongoing research, hiring engineers to suggest new features, and testing new rollouts through A/B testing (Stern et al., 2022, p. 6). This process reflects a company that is willing to evolve in response to user needs.

That said, personas are a standard tool in marketing and product development. It is reasonable to assume that competitors also use them. The question then becomes: how does Hello Heart distinguish itself? Unlike many of its competitors that have expanded into multiple health conditions, Hello Heart has chosen to specialize in one thing only: the heart. This narrower focus allows it to stand out in a crowded digital health market and appeal to users who value a targeted and distinct approach.

In short, Hello Heart’s dedication to research, testing, and strategic differentiation sets it apart from competitors. By fostering ongoing discussion, experimentation, and refinement, the company has built a strong foundation for sustained growth and long-term success.

Exhibits

Exhibit A: Statistics on the success of Hello Heart

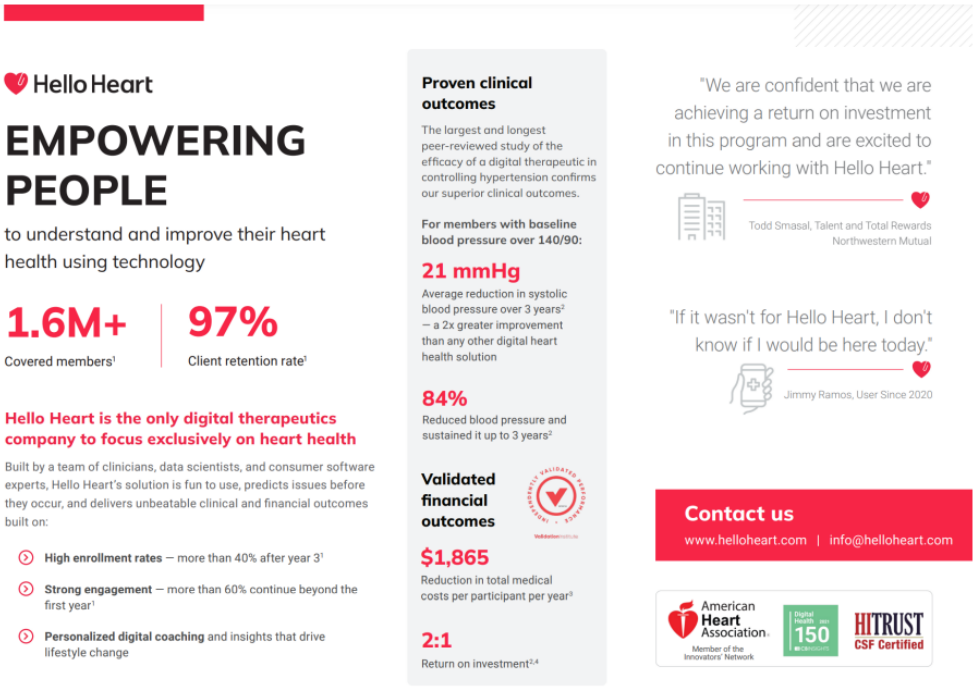


Exhibit B: Heart Disease in the United States

The Centers for Disease Control and Prevention (CDC) broadly defined chronic diseases as “conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both.”[37] In the U.S., six in ten adults had a chronic disease, with four in ten having at least two chronic conditions, such as heart disease, cancer, chronic lung disease, stroke, Alzheimer’s disease, diabetes, and chronic kidney disease. Chronic diseases were the leading causes of death and disability, responsible for much of the $3.8 trillion annual health care costs.[38] Worldwide, chronic diseases caused more than 70% of deaths, of which more than 40% were caused by cardiovascular conditions,[39] mainly heart disease and stroke. Over the past three decades, deaths and disability from cardiovascular disease had been rising; in 2019, heart disease and stroke were responsible for one-third of global deaths.[40]

Heart disease encompassed several heart conditions, for example: blood vessel diseases, such as coronary artery disease (CAD), heart rhythm problems (arrhythmias), congenital (birth) heart defects, heart valve diseases, diseases of the heart muscle, and

heart infections. Healthy lifestyle choices as well as medication could mitigate the risk of heart disease. The main risk factors for heart disease were high blood pressure, high blood cholesterol, and smoking. Nearly half of Americans had at least one of these risk factors. Other conditions, some of them medical, also increased the risk of heart disease, for example, diabetes, being overweight and/or having obesity, unhealthy diet, physical inactivity, and excessive alcohol use.[41],[42],[43]

Invasive procedures were not recommended as initial treatment options for people with heart risk factors and were often unsuccessful for patients with stable heart disease. Nonetheless, they were implemented in many cases—about 500,000 heart stent procedures were performed each year in the U.S., nearly 20% of them were assumed to be unnecessary.[44] Research has shown that stents and bypass surgeries were not necessarily more effective than medical management. In fact, placing a stent and unclogging arteries failed to reduce the risk of death, heart attacks, or other cardiovascular events.[45]

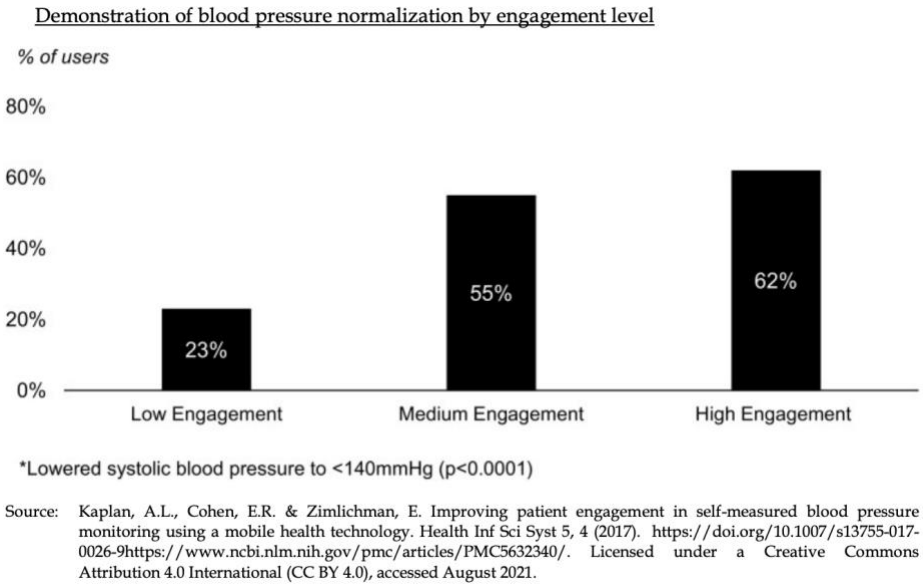
Exhibit C

Exhibit 5 Competitive Landscape Comparison

Company name	Founded	Funds Raised	Exit	Selling to self-insured employers	Human component	Chronic Conditions Covered			
						Hypertension	Diabetes	Mental Health	MSK
Hello Heart	2013	$68.2 M	-	+	-	+	-	-	-
Vida Health	2014	$188 M	-	+	+	+	+	+	-
Omada Health	2011	$250 M	-	+	+	+	+	+	+
Livongo (Teladoc)	2008	$235 M	2019: IPO ($2.5 B valuation) 2020: Acquired by Teladoc ($18.5 B)	+	+	+	+	+	+

Source: Companies' websites.

Exhibit D



Source: Kaplan, A.L., Cohen, E.R. & Zimlichman, E. Improving patient engagement in self-measured blood pressure monitoring using a mobile health technology. Health Inf Sci Syst 5, 4 (2017). https://doi.org/10.1007/s13755-017-0026-9https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5632340/. Licensed under a Creative Commons Attribution 4.0 International (CC BY 4.0), accessed August 2021.

Exhibit E: Pros and Cons Chart of Human Integration

	Pros	Cons
Human Integration	● Adds empathy ● Provides expertise in unique or complex cases ● Can improve adherence to treatment ● Increases credibility	● Privacy and trust issues ● Potential for AI biases ● Potential conflicts with existing healthcare providers and partners ● Slower interactions compared to instant digital feedback
Technology Only	● Option to use the app as a tool with existing telemedicine systems or with in-person care ● Patients may experience less	● Less pressure may result in decreased engagement ● Lack of emotional connection ● Potential for AI biases or misinterpretation of

	stress/pressure with sensitive topics ● Eliminated “white coat syndrome” ● Consistent experience without human variability	data

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