(Music)

Mark Masselli: This is Conversations on Healthcare. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, the Supreme Court closed out another session with a bang, deciding in favor of a suit by the owner of the Hobby Lobby chain stores who argued that as a closely held company, they shouldn't be forced to provide certain types of contraception coverage to their employees based on the religious believes.

Margaret Flinter: Well that **5/4 [PH]** decision has evoked a firestorm of protests from a number of groups including the American Medical Association, the American Nurses Association, Planned Parenthood among others. And those delivering frontline medical care across the country, know this will have an effect on women's access to all contraceptive options that are generally open to them.

Mark Masselli: It's a matter of women's health, Margaret. And this will force many women to pay out of pocket for the services that should have been free to them under the Affordable Care Act. It's going to particularly impact women who are more economically challenged.

Margaret Flinter: Well that's why these groups, the AMA, the American Nurses Association and Planned Parenthood and others have sent a message to the White House that they really need to come up with the quick solution to the issue. It's going to have ripple effects across the country as other companies, corporations, with any degree of religious orientation or beliefs may follows suit.

Mark Masselli: The majority decisions stated that this was a narrow interpretation saying that only closely held for-profit companies could legally refuse to provide contraceptive coverage. But there is still a majority of companies across the country. So this decision could impact millions of the women down the line.

Margaret Flinter: And there are other contraception related law suits that are waiting in the wings, so I think they will take some win at their sales from this. So the story is far come over and it's going to be very interesting to see what innovative solutions might fill this coverage gap that will result from the Supreme Court decision, Mark.

Mark Masselli: Well, speaking of innovations, from time to time, we like to spotlight young innovators who are poised to make an impact in healthcare industry. And our guest today is recent White House Fellow, working in health data and former entrepreneur-in-residence at the Mayo Clinic.

Margaret Flinter: Adam Dole, he is considered an up-and-comer in technology and in the healthcare space. He has got some interesting ideas about how to improve patient interaction with their owned health data; also, how to improve the flow between the patients and providers through the medium of their electronic health records.

Mark Masselli: Lori Robertson, Managing Editor of FactCheck.org., looks at claims about pubic health crisis of gun violence on the school campuses. But no matter what the topic, you can hear all of our shows by googling CHC Radio.

Margaret Flinter: And as always, if you have comments, please e-mail us at www.chcradio.com or find us on Facebook or Twitter because we love to hear from you. Now we will get to our interview with Adam Dole in just a moment.

Mark Masselli: But first, here is our producer Marianne O'Hare with this week's Headline News.

(Music)

Marianne O'Hare: I am Marianne O'Hare with these Healthcare Headlines. Fall out continues from the Supreme Court decision to allow private for-profit companies to deny certain birth control coverage to their employees. Across the country, women employers, insurers, and healthcare advocates are trying to adjust of the new legal landscape created by the Supreme Court's decision allowing some for-profit companies to deny contraceptive coverage to employees based on their religious faith. As the real life impact of the controversial ruling, slowly begins to play out questions about its breadth, scope and meaning continue to be debated in the 5/4 [PH] decision.

The High Court rule two family-owned corporations did not want to cover birth control in their Employee Health Insurance Plans has required under the so-called contraceptive mandate provision in the Affordable Care Act. The Obama Administration will likely have to issue regulations tweaking the contraception rule to allow some employers to opt out and to enable their workers to obtain coverage in other way. The compromise arrangement that involves passing responsibility to an insurer, however, is considered unacceptable by some religious groups. While free birth control coverage is required under Obamacare, the insurance administrators providing it for workers of religious affiliated groups say the current solution is left them stuck with the bill.

In other women's health news, the American College of Physicians has issued a major change to screening guidelines for women's well visits suggesting that pelvic exam is no longer needed. The evidence-based study done at the Minneapolis, VA, found test to be intrusive and could lead to more harm for many women undergoing exams. The recommendation does not apply to pregnant women and women undergoing treatment for medical issues. The American

College of Obstetricians and Gynecologists released a statement saying the group would continue to stand behind its current guidelines that an annual pelvic exam is recommended for all patients over the age of 21.

Prescription drug overdoses lead all other drugs in deaths including heroine and cocaine combined and the problem has been getting steadily worse. But there are some pockets of improvement. Public health officials have identified a sharp decline in overdose deaths involving prescription pain killers for the first time in a decade, deaths involving OxyContin, Vicodin and other narcotic pain killers dropped by 26% over two years in Florida after a crackdown on pain clinics that dispensed high volumes of the medications. Law makers there borrowed doctors and these pill meals from selling the drugs they prescribed. I am Marianne O'Hare with these Healthcare Headlines.

(Music)

Mark Masselli: We are speaking today with Adam Dole, Recent Fellow in the Presidential Innovation Program at the White House which seeks the best and brightest minds in the 21st Century, technology and innovations skills to transform the way government works for the people at serves. Mr. Dole is the former entrepreneur-in-residence at the Mayo Clinic, where he helped develop new ventures at the intersection of health and technology to improve care delivery. Mr. Dole has held leadership positions at NASA, Human Factors Research Division as well as several strategy and innovation consulting firms: Jump Associates and Method, Inc. He earned his bachelor's degree from Syracuse and his masters in Design Strategy from the California College of Arts. Adam, welcome to Conversation on Healthcare.

Adam Dole: Well thank you very much Mark and Margaret. It's a pleasure to be on the show today.

Mark Masselli: You know, our show is about innovations in healthcare arena, and you have got the attention at the White House's innovator in the healthcare space. And the program has launched in 2012 to address of lack of culture of innovation and entrepreneurship at government, and tell us about the Presidential Innovation Program and the collaborative process you are engaged in.

Adam Dole: Well, the number one misconception that I had about government prior to becoming President Innovation Fellow was that government could not innovate and didn't have innovated people. And I was pleasantly surprised to be shown that both of those assumptions were wrong. So the purpose of the Presidential Innovation Fellow program is to pay our private sector entrepreneurs with government innovators. And I thought that that was not (inaudible 06:56), I didn't know that there were government educators, and lone behold, there are, and they are spread across the government through different agencies at all

different levels. And the whole goal is to use the projects that we work on in the government agencies as the (inaudible 7:13) for change, like to create more jobs, save taxpayer dollars and ultimately, having a positive impact on the lives of all Americans. And coming from the private sector, it is very rare where the expectation right out of the gate, any time you do something, it's to impact all people in our country. And the thing that drew me to the program is really the opportunity to work at a scale that it's kind of unparallel to anything else. And I mentioned a few qualities of the fellows. The first thing is like many entrepreneurs wearing multiple hats is a necessity but not for the sake of just being able to have a lot of skills but really funneling those skills into being able to build something. Another quality of the fellows was our ability to shorten feedback loops. So entrepreneurs are tend to be really good at shortening feedback loops to optimize for what's working. And then the last is not being able to take no from somebody who can't give you yes, and this is particularly interesting in government because there is a lot of people that's our in government and luckily there are enough people with a sense of urgency to explore new things that it's just about finding those right people. So there are projects, a bunch of open data projects, which the goal there is to unleash government data sets in a way that make it easy for the private sector to take that data and do something useful with it. And I would put the project that I worked on in that camp Blue Button which is really all about empowering people with access to their own data which is a very different type of projects from just the identified open data set.

Margaret Flinter: I would like to ask you to talk maybe about your approach to that one of the projects the Blue Button initiative and to expanding it's reach. We have had several guests on this show who have had a direct influence on MyData also known as Blue Button, we have had Todd Park, (inaudible 09:07) among them. So Blue Button has been a tremendous success in certain areas like the VA but still far for being utilized in the mainstream. What challenges did you see with Blue Button and what solutions were you working on, did you find what successes did you have while at the White House?

Adam Dole: Well, I was fortunate enough to get chance there to work very closely without all three, some of those talented entrepreneurs in resident at the government. So to talk about the some of the challenges most people know that Blue Button was started inside the VA. Everybody at the VA was really focused on making sure that veterans had access to their electronic medical records at any cost. But the problem is when you go outside of VA, most of those experiences do not allow their patients to freely have access to their own records and I would put that reason on the cultural issues that our healthcare systems still had. The idea that somebody can get it in a machine readable form is very threatening to these healthcare organizations because there is a spirit that your patient access to their aide, they don't know what to do with it. And so that's the cultural barrier that getting in the way of Blue Button reaching in it's full potential. And I think it's – and so I see more healthcare organization getting culturally

enlightened if you will, and I think we are going to see even more of that as we see a Healthcare Payment Reform starting to incentivize things like outcomes.

And before this year, Blue Button had really focused on data that was coming out of hospitals. So most people's interactions with the traditional EMR are fairly limited and not really guide engaging today. So we had a hypotheses coming in the year that if we could position or reposition Blue Button to be more relevant to a consumer mindset where the consumers feel empowered where they want to spend their money and how they experience the good that they are going to pay for. And so we approach the retail pharmacy chain as a way to catch this hypothesis that the retail pharmacy chain to have a great opportunity to impacts on healthcare at local level. There is a lot of touch points inside that the pharmacy that we could really leverage to get people care about their own healthcare data. And then medication management is a huge cost to the system and a huge cost to individual outcomes. So when you add those three things up looking at expanding Blue Button into the pharmacy realm made a lot of sense. And we saw a really interesting objects and interest in how individuals can experience Blue Button in those contexts but a lot of interests from other businesses.

The second thing that we did was we help to facilitate the technology standards. The government's role in setting the standards to facilitate the process of bringing the right stakeholders in a lot of private sector organizations to the table to figure out what standards should be. And the standards has fall into two buckets, the content standard so how the healthcare information is being communicated and then the second set of standard is how that information, how that content gets transmitted. And then the third thing that we did this year, we made it easier for consumers or patients to find their own data and then we also made it easier for organizations that wanted support Blue Button and to be able to do that. We did that through two products that we built this year because we wouldn't be able to call ourselves entrepreneurs in residence we didn't actually build something tangible. And so we built something called the Blue Button Connector which is online tool that is now run by Health and Human Services that allows individuals to go search for where their data might exist across the spectrum of data holders. And it allows them to basically go to a profile page, not unlike Facebook for that organization, and understand what organization is doing on their behalf as it relate to their data and what types of features and functions are available with their data from that organization. And then allows them to click through to sign into their portal from that organization. The second product that we built was something that we are calling Blue Button Toolkit with all the Blue Button resources so that an organization can self-identify it, you can go on to a toolkit and consume all the resources that we have and help them to promote patients' engagement and evangelize purpose at Blue Button.

Mark Masselli: You know, I want to get back to your sort of thought that we needed to embed cultural enlightenment into the healthcare industry that's a

great concept. And certainly, it's a land of steady habits and none of them are in the health industry at this point (inaudible 14:00). And we recently have to go around with open enrollment in the insurance exchanges that human behavior has limitations in navigating new technologies especially when it comes to something personal like healthcare. I loved your – one of your qualities of building things that people can use and thinking from our own advantage point at our organization, we always tell people build things that are efficient, effective and elegant. And I think when we talk about elegance, we are talking about design because design is so important. So why I am holding my iPhone right now it's got design and it really attracts people to it. I wonder just how you are thinking and how the President Innovation Fellows are thinking about this transformation again getting back to the how we embed cultural enlightenment into the healthcare industry. Design is so much an important part of this because it's needed to bring the crosswalk between patients and providers, providers back to patients. What's your bigger thought process about the transformations that needed to go on in the industry and to truly try to transform a really (inaudible 15:10) industry on so many different levels, what do you see out there that excites you?

Adam Dole: I do believe that design with a big "D" is one of the critical things that has been absent in our healthcare system. It goes far beyond the looking feel of the product, but it's really thinking holistically and systemically about how we match the products and services that we are building with the unmatched needs of the folks that need to engage in that product. And it does involve at the level of ecstatic as well but most healthcare experiences do not take the need of the patients into consideration. They think they do. But when you really dig into what a lot of the healthcare systems today set up to do it's solving healthcare systems grow. And it's forcing patients to get on board with the value chain that is ultimately serving the healthcare system which is why we have fee-for-service, why the experience of your explanation of benefits is still terrible when you get it in the mail. I mean there is very little patient centricity in the healthcare system today at scale. Design is absent largely speaking.

That being said, I think we are sitting at a meeting time in history to be an entrepreneur in healthcare to actually looking to put more design into our healthcare system to ultimately impact people's quality of life and costing system and the quality. For the first time, there is an increasing push to create more of a consumer experience and this is driven through the Health Insurance Marketplace. We have more healthcare consumers that are thinking like consumers now than we ever had before. And that's I think going to become a crowbar for a lot of other things that will have to match consumer grade experiences. The second thing is that we are starting to recognize different ways to align our incentives, growing number of ACOs out there that are really incentivized to look at outcomes. And then ultimately, we are seeing a greater emphasize on products conservative and tools that are designed to keep people well. I think we are only going to see more of that happen, not to mention of it

increasing data liquidity that we are seeing, it's only going in one direction, more consumers are going to have more access to their data in more flexible formats. So when you all those things up, we are sitting at an amazing time.

Margaret Flinter: We are speaking today with Adam Dole, Recent Fellow in the Presidential Innovation Program at the White House, and former entrepreneur-in-residence at the Mayo Clinic where he helped develop new ventures at the intersection of health and technology to improve care delivery. Adam, you have now left the Presidential Innovation Fellows program. We know you have moved on to a new venture, tell us what's up next for you and what will you take with you from these previous experiences?

Adam Dole: So I am going to be rejoining the company that I helped to co-found when I was an employee at Mayo Clinic, and we started a company called Better, and Better is a direct consumer personal health assistance service. The thing that I am most excited about is that Better is actively putting the human elements back into the healthcare system. We are seeing a lot of human elements be taken out of the system and replaced with technology. And I think the underline assumption and philosophy of Better is to develop human relationships and solve real human problems that saved people's time and money and having somebody that's fighting for them on their behalf no matter where they are in the healthcare continuum and coordinate an entire experience to imagine having a healthcare advocate that's always fighting on their behalf no matter what the issues are because we don't have a system that really supports that stay. And so it's actually been since Better has launched a few months ago, it's been really interesting to see the types of problems that people are coming to Better for and also the types of problems that Better is able to solve for people that might not have ever realized that they had those problems, helping people save money on a health insurance plan that they didn't realize that they could be saving money on or dealing with medical billing and other administrative things. These are expectations that we should in our healthcare system but unfortunately, there aren't that many services out there that are doing that. So that's what I am most excited about and then we will probably start optimizing for some of the markets that we think have the highest potential to see value right now in a new model. And a lot of people don't know what a Personal Health Assistant could do for them. Their website is www.gettingbetter.com. I encourage everybody to go check them out and the company is doing a free trial for everybody right now so anyone can go and be assigned their own Personal Health Assistant and see what a Personal Health Assistant can do for them.

Mark Masselli: We have been speaking today with Adam Dole, Recent Fellow in the Presidential Innovation Program at the White House. You can learn more about his work by following him at Twitter at Adam Dole or you can follow him at www.gettingbetter.com. Adam, thank you so much for joining us today in this enjoyable conversation.

Adam Dole: Well thank you very much for having me on. I really enjoyed our conversation as well.

(Music)

Mark Masselli: At Conversations on Healthcare, we want our audience to be truly in the know when it comes to the facts about healthcare reform and policy. Lori Robertson is an award-winning journalist and managing editor of www.FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. politics. Lori, what have you got for us this week?

Lori Robertson: Have there been 74 school shootings since the 2012 Sandy Hook Elementary in Connecticut. That's what the group every town for gun safety said but we found the true number of school shootings is less than half that. The group lists includes accidental discharges of guns, suicide attempts and incidents in which no party involves was affiliated with the school. President Obama appeared the referenced to groups report on June 10th when he said that school shootings have been "once a week". At that point, there had been 78 weeks since the Sandy Hook shooting. Every time for gun safety clearly explained it's a broad definition of school shootings at the bottom of it's report saying that any publicly reported incident in which a fire alarm was discharged inside a school or on school ground counted as a school shooting, and that would include assaulted homicides as well as suicides and accidental discharges.

We consulted the Brady Campaign to prevent gun violence which defines a major school shooting as any incident in which "The shooter was directly linked to the school and at least one person was shot on school property." Using that definition to evaluate every town lists, we found that as of June 10, 2014, there have been 34 school shootings, not 74 since the shooting at Sandy Hook on December 14, 2012. And that's my fact check for this week. I am Lori Robertson, managing editor of FactCheck.org.

Margaret Flinter: FactCheck.org is committed to factual accuracy from the country's major political players and is a project of the Annenberg Public Policy Center at the University of Pennsylvania. If you have a fact, that you would like checked, e-mail us at www.chcradio.com. We will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Healthcare.

(Music)

Mark Masselli: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. In the emergency room or the ICU, clinicians are confronted with **narrative [PH]** unpredictable medical crisis that sometimes can be challenging to diagnose. Most of these

clinicians are now communicating with colleagues via their smartphones often sending images of the patients' unique symptoms or chest x-rays to one another to share diagnoses. ICU physician Dr. Josh Landy was noticing a growing trend of image sharing via smartphones to crowd source second opinions from friends and colleagues across the country. But he also was concerned about the potential violation of HIPAA Regulations. So he developed an app for that. He created Figure 1, a sort of Instagram for doctors in which images can be de-identified but shared across a dedicated social media platform that would allow input from clinicians within their network. Doctors are using the app to communicate not only with colleagues within their hospital settings but around the world where someone might have superior expertise with a certain condition. The app was recently used to share a chest image of one of the patients who presented with the Mid-Eastern Virus, MERS. Dr. Landy says the apps get about half million image views a day with about 80 million total views so far. He sees the potential for this platform only growing as more young digital natives enter the medical workforce. Figure 1 is a free download through Apple App Stores and Google Play. A free downloadable app offering secured HIPAA compliant image sharing among clinicians around the world to reduce the time it takes the zero in on a diagnose by tapping the collective expert instantly. Now that's a bright idea.

(Music)

Margaret Flinter: This is Conversations on Healthcare. I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli, peace and health.

Conversations on Healthcare, broadcast from the campus of WESU at Wesleyan University, streaming live at www.wesufm.org and brought to you by the Community Health Center.