Mark Masselli: This is Conversations on Healthcare, I'm Mark Masselli.

Margaret Flinter: And I'm Margaret Flinter.

Mark Masselli: Well Margaret things are really heating up on the campaign trail with the Iowa caucuses happening February 1st and healthcare has emerged as an interesting inspiring point.

Margaret Flinter: Well the GOP candidates are still talking about repealing the Affordable Care Act and there is a dividing line between the two top contenders in the democratic race, Hillary Clinton calling for the ACA to be kept in place and improved upon but Bernie Sanders is charting his long health support for a single-payer solution of Medicare for All approach and he is just not backing off of that.

Mark Masselli: Senator Sanders is in it and he introduced bills and Congress promoting the creation of the American Health Security Act which would lay the foundation for a single-payer health coverage to be set up in each state.

Margaret Flinter: But Hillary Clinton makes a point that removing the Affordable Care Act and replacing it with something even more distasteful to conservatives and Congress would be just about impossible to pull off.

Mark Masselli: And meanwhile our presidents also trying to sweeten the pot for those states who have held out on expanding Medicaid for more of their poor uninsured residents.

Margaret Flinter: The White House is considering extending the 100% coverage for the Medicaid expansion for a full three years for those states who sign on now.

Mark Masselli: Well I think it's a great move and when we look at a state like Louisiana where we have noted that the new governor reversed his predecessor's refusal to expand Medicaid and we see some 300,000 previously uninsured residents becoming instantly eligible for health coverage and healthcare.

Margaret Flinter: And our guest today has a truly unique perspective on that Aneesh Chopra served as a President's first Chief Technology Officer.

Mark Masselli: Tasked with the job of bringing the US government into the 21st century with technology. Since leaving the White House Mr. Chopra has come out with a new book, Innovative State which explores how government can really spur innovation through the use of new technologies.

Margaret Flinter: And Lori Robertson stops by, the managing editor of FactCheck.org, looks at misstatements spoken about health policy in the public domain, but you can hear all of our shows by going to chcradio.com.

Mark Masselli: And as always if you have comments, please email us at chcradio@chc1.com or find us on Facebook or Twitter; we would love hearing from you.

Margaret Flinter: We will get to our interview with Aneesh Chopra 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'm Marianne O'Hare with these healthcare headlines. The Centers for Disease Control and Prevention is warning women who are pregnant or trying to get pregnant to avoid certain Latin American and Caribbean countries to avoid exposure to the mosquito borne virus zika which is directly related to birth defects in children specifically microcephaly, babies being born with smaller heads.

Brazil has seen a largest outbreak of the virus leading to births of thousands of babies who appeared to have been affected. CDC warns women of child bearing age who are pregnant or seeking to be to avoid; Ecuador, El Salvador, Bolivia, Barbados, Guatemala, Honduras, Mexico, Panama, Venezuela, Puerto Rico and others.

Meanwhile pregnant women hoping to have smarter babies with better brain health over the long haul of childhood might want to amp up their fish consumption. A study out of Spain showed women who ate at least three healthy servings of fish per week during pregnancy had kids with healthier brains. Pregnancy is not a good omen when melanomas are found. The study found those diagnosed during or soon after pregnancy were significantly more likely to have tumor spread to other organs and tissues and were also found more likely to have the cancer recur after treatment.

Vice President Joe Biden was at the World Economics Forum in Davos, Switzerland asking the world's economic leaders to join in the President's Moon Shot for Cancer. Biden who lost his 46 year old son Beau to brain cancer last year set out his plans at the World Economic Forum meeting of international cancer experts in Davos. So called combination therapy is increasingly seen as central to fighting tumors but bringing such cocktails to market can often be slow and costly. I am Marianne O'Hare with these healthcare headlines.

(Music)

Mark Masselli: We are speaking today with Aneesh Chopra, Co-Founder and Executive Vice President of Hunch Analytics dedicated to better use of data analytics including in healthcare Mr. Chopra was appointed by President Obama in 2009 as the nation's first Chief Technology Officer where he presided over the initiation of technology use in healthcare government systems and hotline security, part of that Mr. Chopra served as

Virginia's fourth Secretary of Technology, prolific writer on the subject of improving health systems and healthcare through better technology including his most recent book, Innovative State – How New Technologies Can Transform Government. He earned his undergraduate degree at Johns Hopkins and his masters in Public Policy at Harvard Kennedy School. Aneesh welcome back to Conversations on Healthcare.

Aneesh Chopra: Thanks for having me.

Mark Masselli: Yeah. That was great and you know I think it's sort of axiomatic that the Internet started to change the way we do business but the US government remains stuck in its old ways. But nobody but President Obama had really come into office with the sort of the proposition that he was going to bring government up to speed and he hired you as the nation's first Chief Technology Officer, maybe sort of paint a picture for us of the guy who was tasked with bringing the White House into the 21st century.

Aneesh Chopra: The Federal Government as a whole had not kept pace with the private sector in not just the adoption but the use of modern technologies and so was sort of step one we kind of knew what we were starting from. Step two though, what problems are we trying to solve and how might we fully harness the full power of the Internet as a method of solving the problem. Your landscape moves way beyond whether or not your software in your office is up to speed so it had a lot more opportunity for improvement that just a frustration of saying, gosh our systems are old but last into a cultural mindset that was much more insular and lacked faith we could in fact find a way to tap with the all these capabilities. And I would say the biggest challenge we faced was breaking this proverbial brick wall that was constraining our thinking as to the art of the possible.

Margaret Flinter: Well Aneesh when you were last on with us it was 2011 and your technology programs were just starting to take hold in the White House. The Health Reform was moving and part based on the mantra that the power of health information technology could help transform healthcare in the country. And you said to us then that what this was requiring was a solid infrastructure and putting some rules of the road in place. Tell us some of the areas that really lived up to those early expectations and maybe some areas where transformation has been more difficult to achieve than you might have imagined.

Aneesh Chopra: Well we tend to overestimate the potential of technology and innovation to have an impact in the short run but we often underestimate its potential in the long run. Looking back, we had a few very critical decisions that had to be made, all of which are now made, first and foremost the question was how do you move from the Nova folders to a digital version of the Manila folder to the underlying data that resides in the Manila folder being accessible not just to providers and caregivers in general but

to patients and to the applications and services they trust to help them make sense of their data.

There now is a technical means by which one can express health data across applications. Meaningful use was always envisioned to be a three step process: Step-1 was largely around adoption and digitization, Step-2 was about moving it around but Stage-3 had always been envisioned as that place where the underlying health data could be used and reused to make the system work especially as we transition to value based payment.

The FHIR API is now ready for people to implement, this is the open data standard that infrastructure I was describing. And we have regulations that say that that infrastructure has to be opened up to the patient or to the patient's designated apps. The biggest failure is the lack of adoption or demand for this infrastructure and these rules to be used in population health activity.

Since 2011 every Medicare beneficiaries had the ability to give you three years of their claims history it seems to me that as we transition value based payment, the demand for this information is only growing but for some reason those on the front lines were feeling the pain of wanting to serve, haven't yet gotten to the point culturally where they have begun asking or demanding that this infrastructure and these rules be put to their best use.

Mark Masselli: Well I do want to sort of talk a little bit about your book which is a great read Innovative State – How New Technologies Can Transform Government, you advanced the notion that government does spur innovation all the time and you make the case that the key to real transformation lies in public private partnership. And there are all these great examples of the President's initiatives; Wireless Initiatives, the Blue Button Initiatives, so talk to our listeners about the successes that have been spawned from some of these initiatives.

Aneesh Chopra: Well let's use the weather as the analogy. If you were to ask the average person on the street, how dynamic is the weather marketplace? The level of vibrancy in innovation in the private weather industry is just remarkable. However, most of the public may not realize that the underlying data that inform those private weather models come from the Federal Government, a single agency.

Margaret Flinter: Right.

Mark Masselli: Yeah.

Aneesh Chopra: If the Department of Commerce which oversees the agency in question was responsible for all retail weather delivery methods, the pace of innovation

would have been severely curtailed because we would have been waiting for "the next version of government weather services delivery" but opening up the data gives us this public/private model.

Most people think of government using two tools in the toolkit. One is, spending money on goods and services or issuing regulation to manage the private sector such that we achieve a broader social mission. There is now a third tool in the toolkit, and that happens to be opening up the government and enabling this handshake and hand off. The governments agreed by shaking hands that it's going to make more and more data sets like the weather data set open for the public and as more and more of our assets in life become digital, it is easier and easier to transfer that information.

But more and more folks in the private sector are taking that underlying data and putting it in more appropriate context to give you exactly the right advice when you need it most.

Margaret Flinter: Well Aneesh we have the first roll out of the Affordable Care Act and enrollment and it was so painfully difficult but that got right sized as time went on more worse then we have had health system data breaches as a constant threat, and then of course CMS announcing that Meaningful Use is going to have to be changed, maybe you could just take a minute to tell us what happened, why was Meaningful Use Stage-2 so difficult and what do you think the best thinking is about changing that going forward?

Aneesh Chopra: When we joined the administration, I was on the President's transition team and it was an amazing group; my friend Todd Park, Danny Weitzner who ultimately became a deputy in the White House, Farzad Mostashar who was the National Coordinator for Health IT. The underlying story is the shift in payment towards value based care. We had anticipated that that was high on the President's agenda and it was critical that that be the most important driver of everything else on this larger story of that we are fundamentally changing the delivery system and the tension was timing these movements.

So the pace with which doctors, who are thinking about practicing in a different way, the vision was that as more and more of those demand signals from the payers came forward it would influence provider requests of the data. So it's almost as important in a value based system to say, who are the 20 patients that are not scheduled to see me tomorrow that should be, as it is to say how can I best prep for the 20 who are coming in.

Margaret Flinter: Exactly.

Aneesh Chopra: We had the first goal Manila to digital, digital to data and then open the data, you wouldn't have to replace the guts of your Electronic Health Record in

order to swap in an app that can give you the list of 20 patients to call that aren't coming in for the appointment.

And in fact that is where we are today, when Andy Slavitt made comments about "Meaningful Use is going to change" that really should not have been news because Congress had already passed the doc fix and that declared Meaningful Use was going to fold into something larger. But underlying the comments was a very clear statement - the APIs, the escalator in terms of the capability will move unabated, what might change is instead of paying you for checking the box that you use technology that will shift to paying you for actually delivering the outcomes. But by the way that was always the plan.

So sometimes Meaningful Use Stage-2 is sort of stuck in the middle because it does hack of a lot more in preparation for payment reform, if you are part of a value based system and you are seeing the patient at a time when their blood pressure is changing and that triggers an alert back to their primary care doctor and the overall system avoids an unnecessary hospitalization and you are rewarded for it, maybe it won't be as irritated having to collect that blood pressure reading.

So I think, I don't think of this as lessons learned, we failed, let's change but rather we had to move these two massive changes in the system that are not exactly in sync timing wise but we are fits and starts getting there and the end game is clear.

Margaret Flinter: We have been speaking today with Aneesh Chopra, Co-Founder and Executive Vice President of Hunch Analytics. Mr. Chopra was appointed as the nation's first Chief Technology Officer and is the author of the critically acclaimed Innovative State. Aneesh you have described data as a rocket fuel of innovation and we have unfortunately created sort of a Tower of Babel of health data, tell our listeners of what's lacking in the way that we share and use data that needs to be fixed.

Aneesh Chopra: There has been two theories on how to unleash data. Theory number one is what I would call enterprise-out, this system would stitch together its internal data sets first and then begin to tackle the frustrations of connecting to others. There is actually a fundamentally different model which is patient-in, and what that says is that everywhere there is a database that includes health information. For example, one of the most popular healthcare downloads happens to be the Walmart Medical Expense Summary file, tax season comes around Walmart separates your healthcare purchases from the rest and gives you that equivalent of a receipt and millions of Americans have downloaded digital copies of that file.

1994 MIT had done a beautiful research effort called the Guardian Angel and it asked the question, how might we build the healthcare delivery system from the patient-in sitting on their shoulder as a guardian angel? And now with more and more this

information in digital form, if I am the patient, I have usernames and passwords to like a dozen places that's store what I would consider to be health related information in digital form that relatively easily could be combined and interpreted for advice. What we need to do is finish the job.

Meaningful Use 3 and that which will continues says that the EHR systems must allow patients access to their health data in machine readable form and through an application or service of the patient's choice the way we address the Tower of Babel is we simply hand over the equivalent of a valet key to each of my online accounts and interpret that information in a manner that helps you make smarter decisions. That's the idea, the rise of a digital health advisor that's there for you when you need him or her acting in my best interest not that of the sponsor or the organization that is providing the service to me.

Margaret Flinter: Aneesh we would love to give you a moment to tell us what you are doing in the private sector. You are the Co-Founder of Hunch Analytics and you have described this enterprise as a hatchery for innovative ideas. Tell us a little bit more about this venture, how it differs from all the other thousands of new health startups that are out there in the marketplace.

Aneesh Chopra: I was blessed to have a number of supporters that have been pretty successful in the technology sector including my partner, a gentleman by the name of Sanju Bansal who had co-founded a very successful business intelligence company. And what he had decided to do is incubate startups, not fund other people's ideas but let's incubate startups to take full advantage of open government data sets that had not been put to their fullest and best use.

And we thought health and education markets might be the most important areas to tackle. We would then form a company and spin them off. We have done three projects, two of which have matured in the companies. The first of those was to take the database from HealthCare.gov of all the plans and to work with those that have a consumer opt-in marketing database to deliver personalized offers so that individuals throughout the country might be more inclined to sign up for health insurance than if they just saw a generic ad on TV or on the Internet.

We had almost a million people connect to those who can help them make the right choices. We also mapped the unemployed veteran skills gap in an interesting R&D partnership with firms like LinkedIn, Workday and Monster to demonstrate the art of the possible if we can translate jobs that are in the economy down to their skills level because a skill level review might allow for better matching especially in veterans. I am absolutely working through a third venture which now is a company called NavHealth specifically to bring Medicare ACOs to life, very little is done to bring that data to life.

We enrich that information with other open government data and help to make the touch points for patient smarter.

So if you call the call center at the hospital, they know more about you because of the fact that they have gotten that ACO data that could be smarter about how they answer your question. We want to make those touch points smarter that bringing all of that open government data to life.

Mark Masselli: We have been speaking today with Aneesh Chopra the nation's first Chief Technology Officer, Co-Founder of Hunch Analytics and author of Innovative State – How New Technologies Can Transform Government you can learn more about his work by going to the innovativestate.com or you can follow him on Twitter @aneeshchopra. Aneesh thank you so much for joining us today on Conversations on Healthcare.

Aneesh Chopra: Thank you for having me.

(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 FactCheck.org, a nonpartisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in US politics. Lori what have you got for us this week?

Lori Robertson: Democratic Presidential Candidates Hillary Clinton and Bernie Sanders have both made misleading claims about Sanders' healthcare plan.

Clinton and her campaign including daughter Chelsea have claimed that Sanders wants to dismantle Medicare and private insurance and that you would turn over your health insurance to governors. Sanders would get rid of Medicare as we know it but replace the entire current health insurance system with a new single-payer system in which everyone has insurance paid through tax dollars.

The latest bill he introduced on this topic in Congress called for the states to administer their own health plans but also called for a federal board to approve such plans and take over if a state refuse to participate.

But Sanders has been misleading too. He claimed in the January 17th democratic debate that he wasn't going to "tear off the Affordable Care Act but instead" move on top of that to a single-payer universal healthcare system. But his plan actually calls for replacing the ACA and all other current forms of insurance including private insurance and Medicaid with a new universal plan administered by the Federal Government. There would be no more private insurance marketplaces with tax credits and subsidies

as we have now under the ACA. Instead, everyone would have the same public health coverage pay for it with tax dollars not insurance premium.

Sanders' 2013 legislation proposing a similar plan was referred to committee and never came to a vote. 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, email 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. Depression is extremely common among adolescents in this country, suicide is the third leading cause of death among 10 to 24 year olds, a population that almost ubiquitously uses texting as a form of communication, Nancy Lublin is the CEO of Crisis Text Line an instant texting service designed to encourage teens in crisis to reach out for help. All they have to do is text the numbers 741-741.

Nancy Lublin: So if you text us and the counselor on the other side is not working from a phone there are screen. When messages come in with certain keywords in them they automatically get tagged as high risk. So if you are at risk for suicide you are automatically bumped up in the queue and you are like code red.

Mark Masselli: They receive an average of 15,000 texts per day from kids experiencing everything from typical teen dilemmas to kids contemplating suicide.

Nancy Lublin: And the supervisor would determine whether they have A, a plan and B, the means then we will trigger an active rescue.

Mark Masselli: Crisis Text Line, an instant age appropriate intervention, available free of charge and 24x7 to give kids in crisis a lifeline, 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.