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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well, Margaret there is a new job for former CMS Administrator Marilyn Tavenner, the person who led the roll out for the Affordable Care Act is now heading the association representing the insurance industry.

Margaret Flinter: Tavenner has been chosen to lead America's Health Insurance Plans or AHIP, the trade group that represents the nation's health insurance industry that is still recalibrating itself since the passage the Affordable Care Act.

Mark Masselli: She was instrumental in the creation of the passage of the ACA and of course, she has been in the hot seat during some troublesome times during the launch of the market places.

Margaret Flinter: It's also some ironic mark that many of the new rules that she saw oversaw while at CMS have actually lead to greater restrictions on how insurance companies can function from the rates they are able to charge, to the profits they can accrue.

Mark Masselli: Of course at the time of the passage of the healthcare law, insurance companies were in a habit of increasing the rates by double digits annually.

Margaret Flinter: Well the new healthcare marketplace is experiencing a lot of shifts with large insurance companies merging with competitors. So I think we can expect to see more change in the health insurance landscape as the Affordable Care Act continues to hold sway over the industry.

Mark Masselli: And you know some analysts that we have talked to say this move as a sign that the insurance industry is transitioning towards a more conciliatory stance regarding the health law.

Margaret Flinter: Well Tavenner herself has said that her own appointment as chief lobbyist for the insurance industry is the signal that the industry is looking ahead to new opportunities at a time when both access to care and affordability and would value a vital tools in improving the nation's health.

Mark Masselli: Another tool to improve health Margaret is healthy food nation technology, something that our guest today knows quite a bit about.

Margaret Flinter: The last time Susannah Fox was with us, Mark, she was the director of the Internet Project at Pew analyzing the intersection of health in the internet and she has taken that expertise to the top in services and we are really excited to have her back on the show.

Mark Masselli: And Lori Robertson of course will stop by the Managing Editor of FactCheck.org. She is always on the hunt for misstatements spoken about health policy in the public domain but no matter what the topic. You can hear all of our shows by going to CHCradio.com.

Margaret Flinter: And if you have comments, also email us at CHC radio at chc1.com, because we love hearing from you. Now we will get to our interview with Susannah Fox in just a moment.

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

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Marianne O'Hare: I am Marianne O'Hare with these healthcare headlines. Taxis and healthcare law, according to the Federal Government, 7.5 million Americans paid an average \$200 fine for not gaining insurance coverage under the Affordable Care Act in 2014. The penalties for those not covered in 2015, will go up significantly and open enrollment is already closed for the year. The fine for not being covered in 2014 was \$95 or 1% of income, and end of life care is finding more acceptance in the medical area while statistics show the conversation is being heard and power of attorney and other patient wishes are being registered in greater numbers. A recent study show there is still much aggressive care being given for instance to cancer patients, and their care preference has been adjusted they wanted. The findings published in the journal of the American Medical Association Oncology, showed clinicians still perform more critical care into vengeance at the end stage. The Centers for Medicare and Medicaid services and American Medical Association have come to an agreement on how best to approach care directors in this end of life discussions, and they say sitting is the new smoking but what is an overworked, over-screen timed, car commuting average American worker suppose to do with all this abundance of deadly sitting. It could be a simple as a 2 minute stroll. Researchers at the University of Utah gathered data from more than 3000 adult participants, how much they say, stood, exercise and what they

ate during the day? What they found was unexpected. A low intensity activity like standing by itself had little effect on mortality risk but if they replaced it with 2 minutes of sitting each hour with gentle walking, they lower their risk of premature death by about 33% compared to people who sat almost non-stop. So you know how the sound goes, get up – stand up **(MUSIC)**, and go take a stroll. I am Marianne O'Hare with these healthcare headlines.

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Mark Masselli: We are speaking today with Susannah Fox, Chief Technology Officer at the US Department of Health and Human Services, where she oversees the adoption of new technology based solutions to common health challenge. Ms. Fox was recently entrepreuneuring residents at the Robert Johnson Foundation. Prior to that, Ms. Fox served for 14 years as Associate Director of the Internet Project at the Pew Research Center, where she helped quantify the growing impact on the on internet on health. She has degree in at Western University. Susannah welcome back to Conversations on Healthcare.

Susannah Fox: Thank you for having me.

Mark Masselli: You have been the first woman to be the Chief Technology Officer at the Department of Health and Human Services, congratulations. So you have got some wisdom from your experience at Pew and you know we always seem to be at this interesting juncture, so maybe you can talk to us about how that change is going on and what are some of the big challenges remaining to facilitate further more practical adoption of health information technology in healthcare?*

Susannah Fox: Well what I was talk about when I was interviewing to the job was to talk about the changes that I have seen in the industry over the last 15 years when we saw how the internet has to mark the ties to access to information and the department of health and human services has at the same time democratized the access to health data that was something that my predecessor the first CTO of HHS, Todd Park created and that is the open health data movement here at HHS and that is just an incredible change what people regular citizen and entrepreneurs have access to health data. What I bring to this role is an understanding that the internet also gives us access to each other that the social revolution is also one that is taking place and is changing the conversations about health and human services in some very interesting ways where the people are learning from each other, whether its patients who share the same condition as well as policy makers who can learn from each other about innovation and that's really what I do here now at the innovation lab, the idea lab.

Margaret Flinter: Well Susannah, you used the word learning there in the comments some moments ago and you have been very clear that one of your missions in this new role as the Chief Technology Officer is to develop these learning system of health information technology and I think we are probably some early stages on those goals. So may be describe for us how the internet and health information technology are in the process of shaping a more functional learning system for health beyond the systems that we currently have?

Susannah Fox: What I see sitting here as the Chief Technology Officer which by the way the role is a wonderful one where I help to run the idea lab and I also advice the secretary and the deputy secretary about where health and technology are going. We are going to continue to open up that tunnel for more information flows from clinicians and from researchers down to citizens. The future is when we are able to start to allow the information that individual told about their own health, when we are able to allow that to flow out into the clinical system, into the research system, but we started to remove the soft barrier between home and clinic because of course when we talk about patient centered healthcare, that really does put the individual at the center and acknowledges that they have as much as to say about their health and certainly are the ones who make the decisions about whether to stay on their meds and when to see a doctor. We need to give people the information that they need, it means open up the tunnel of information that flows down to the individuals but we also need to start to think about how can information flow up into the system.

Mark Masselli: Speaking of the feature you recently presided over the Third Annual Health Data Policy which was gathering of health IT entrepreneurs and developers bringing their innovating ideas and expertise into the health IT nash-up as it is called this idea. So it has created new solutions. Can you tell something more about the data policy this year? What kinds of innovations caught your attention and how they might truly help power innovation?

Susannah Fox: We sought the community as health data geeks as I like to call them. We all knew that there was some value and (inaudible 9:38) the accelerant that was poured on the fire of health data was cloud computing that we now are able to thicken these big data sets and analyze them, and the rules of the game changed when Todd Park and HHS released the data and created the data liberation movement. So this year one of the innovators that I was really intrigued by was a start up called Caveta which is looking to provide more precise genetic mutations on the people with cancer and that fits in with the President's initiative on precision medicine. I would see it as again an opening up in the tunnel of information that can flow from the corner and flow

from the research side directly to benefit individual. Another initiative that came out of actually started at the VA was when Peter **Eleven** was the CCO at the VA, it was the blue button initiative and that's where we see the potential of data liquidity that the data really should flow directly to the individual so that they can keep an electronic copies so that when they get a second opinion, they have the basics of health record, you know, how can we expand the potential of the blue button initiative.

Margaret Flinter: If you can pick up on something of reference a few months ago, the idea lab that was developed by HHS to foster innovation from within and I understand this year's winners were recently announced, so tell us who the winners where and what made their proposed innovation so powerful?

Susannah Fox: I have to give the credit to my immediate predecessor, Brian Civic who is the CTO who created the idea lab and indeed he is – Todd, Brian and I are all share the DNA of entrepreneurship and the idea lab is a way to nurture that innovative spirit that actually is pretty common in the Federal Government. And HHS innovates program is one where we are able to recognize people from all across HHS who have created something innovative, who has sort of met a barrier and just blown right through it and the winners this year were a pretty diverse group and what I like about is that it shows how innovation can happen in operation and it can also happen when there is new technology coming forward. An example of the new technology coming forward was the NIH 3-D print exchange, you know, I am really interested in the make a movement and think that the accelerant that's going to get thrown on this fire is the average cheaper manufacturing tools. 3-D print exchange, it is a portal so that people who share an interest in health related 3-D printing, if they come up with a template that really works like for example a prosthetic hand, people can download the template and if they have access to 3-D printer, they can do that themselves. You know all the innovations that I have been watching in Silicon Valley and all across the country in terms of the external entrepreneurs and the start-up companies that really want to change healthcare for the better. We see the same spirit here in the Federal Government and that's why it is so exciting and such a great opportunity that I could not resist to be part of the idea lab.

Mark Masselli: We are speaking today with Susannah Fox, Chief Technology Officer at the US Department of Health and Human Services where she oversees the adoption of new technology based solutions to common health challenges. Susannah I have a 13 year old and I would say he is part of this group digital which is part of DNA, but you have also spent a lot of time thinking about the baby boomers and you have noted that seniors are actually much more engaged in technology than people think. Can you tell our listeners about the growing trend, not the baby boomer generations who are seeking health information on the internet.

Susannah Fox: We have such a wonderful opportunity in that there are so many people who are using the internet to educate themselves, to gain access to the information that they need to make the best health decision that they can at that time and the baby boom generation is indeed now one of the most wired generations. They are transforming the stereotype of the older adult. We still need to be sensitive to the fact that among people of 75 to 80 and above who are significantly less likely to use the internet, but also the disability increases with age. So when someone starts to experience low vision, they are less likely to be able to really navigate fairly using a smart phone. As our population ages with the opportunity presents to us is a chance to learn from older adults. Usability studies show that if a website is optimized for older users, everyone navigates it more quickly, and so what might we learn from that. The demographics show that this is a challenge which is going to be with us for a long time.

Margaret Flinter: So in lines with your early work analyzing the internet as a portal for the engaged patient which I think is fair say has earned you kind of rockstar status in the engaged patient population and we have had e-patient (inaudible 15:31) on the show and someone said that engaged patient is still something of a fragile movement, some have called that in fact the blockbuster drug of the 20th century, something that really has the potential to change things and we hear these clearing cries to liberate the data, so maybe you could talk this a bit about the society for participatory medicine and this growing e-patient movement?

Susannah Fox: So the term, e-patient was actually created by my mentor Tom Ferguson who was a Yale trained MD, who believed that people should be in the driver seat of their own house and so we need to provide people with the information that they need to make the best decisions that they can about their health. So the E and the e-patient means also the power engaged because the magic of participating in your own health means that you would have access to your own data and that's the part of the blue button initiative that originated here in the Federal Government. The idea that there should be a simple way for you to download the basic information about your data and we want to make sure that the data is then made useful and at the center of this is the sense again of patient autonomy and data liquidity, and those are the goals and by the way that goal comes down from President Obama and from secretary Burwell. They believe in the power of people having access to information and making choices about their health and that's part of what the precision medicine initiative is all about. My colleagues over in the office of the national coordinator for Health IT, they are the ones who are building the map, who are in-charge of creating the systems that if we want data liquidity then we need to build systems that are interoperable. From my part as chief technology officer and director of the idea lab, what I am able to do is talk about

ways that we can fill in these ideas and for example bring outside expertise like entrepreneurs and residents and innovators in residents so that we can continue to illuminate ways that data can make a difference in people's lives.

Mark Masselli: Tell us if you can some of what the roadmap will look like over the next year or so, as you lay out these opportunities. What should people be marking on their calendars and who should they be keeping an eye on?

Susannah Fox: So one of the initiatives that we are working on is pretty geeky but I think that people who are into health data will really appreciate it. It's a new initiative called Demand Driven Open Data, DDOD.us is the website, and that is bringing the lean start up message to the open data movement where in the past we would upload data sets to healthdata.gov and data.gov and it is sort of our own schedule. What ddod.us will do is just what the name implies, demand driven. We want to hear from users. We want to hear from our customers about what are data sets that are going to be the most useful and what are the used cases for those data seta and that's going to help the Federal Government, be more service oriented -- more customer service oriented as we continue to free the data. I should also say that we are recruiting right now for some entrepreneur in innovative and resident positions, so please come to the HHS website and check out the job listings because the deadlines are coming up fast in August.

Margaret Flinter: We have been speaking today with Susannah Fox, Chief Technology Officer at the Department of Health and Human Services. You can learn more about her work by going to hhs.gov or follow her on Twitter by going to [@hhsidealab](https://twitter.com/hhsidealab) or [@susannahfox](https://twitter.com/susannahfox). Susannah, thank you so much for joining us on Conversations on Healthcare today.

Susannah Fox: It was my pleasure.

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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: Is Medicaid bad for your health, that's what Republican Presidential Candidate and Senator Ted Cruise said. He claimed that health outcomes are "markedly worse when people get on Medicaid." Fellow candidate Rick Perry said

health outcomes were no better for those on Medicaid compared with other insurance and President Obama claims the opposite saying that the Medicaid expansion, the Affordable Care Act improved people's health. The evidence is on Obama's side but all the politicians actually point to the same study and make these claims. Fact study published in 2013, is called the Oregon health insurance experiment. It took advantage of the Medicaid expansion in Oregon that was based on lottery draw to compare those who got Medicaid with those who didn't. There were several conclusions. Researchers found no significant improvements in blood pressure, cholesterol, and **glucated** hemoglobin levels after 2 years. Perry focuses on that findings, but there could be other health improvements after the study that measure or that could show up after a longer time period. The study also found increased use of healthcare, higher rates of diabetes detection and management and lower rates of depression, or finding the white house singles out. Other study on Medicaid expansion in certain states found a reduction in mortality rate and a 2013 Kaiser Family Foundation report on the breadth of academic study concluded "having Medicaid is much better than being un-insured." For more of these claims, see our website FactCheck.org. I am Lori Robertson FactCheck's managing editor.

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 chcradio.com, we will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Healthcare.

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Margaret Flinter: Each week conversations highlight a bright idea about how to make wellness a part of our communities and everyday lives. Food labeling could be going one step further than simple calorie counts in the future. Public health researchers at the University of North Carolina have some pep in their step for another approach to getting consumer's attention when pondering this food and beverage choices. There is growing interest in a new approach to display in calorie counts next to menu items, instead show the amount of the exercise that would be required to burn off of those calories consumed from drinking say 20 ounce cola. They developed an icon symbolizing a person walking and how far that person would have to walk to erase the calories they are just about to consume. They conducted a randomized study to determine that if any effect the measure would have on consumer choices.

Dr. Anthony **Viera**: And we showed them basically a full menu with all items and so one group was randomized to no information except the food items, another one was a

menu of pretty much every item exact same way and it had the calories and then a third option had calories plus minutes to walk with all the figure and it had you know for example 91 minutes and then finally a fourth menu that showed the same exact thing with the same exact figure with miles to walk so might say 5.1 miles.

Margaret Flinter: Dr. Anthony **Viera** professor at the University of North Carolina, Chapelhill School of Public Health. He said the study showed quite clearly that when consumers saw they are consuming a food or a drink item would require them to walk 5 miles to burn those calories out as opposed to just seeing the calories, it had a direct impact on the choice.

Dr. Anthony **Viera**: When you shown no label, the average calories ordered were 1020, when you were shown calories only the average order was 927 calories, and when shown calories plus miles the average order was 826 calories, so as you can see there was a definite decrease in calories when you show calories plus miles.

Margaret Flinter: The results of the initial study was so conclusive they announced scaling up the resource to test it in restaurants. Restaurant food labeling showing the consumer how much exercise will be required to burn out the calories consumed, and maybe that's positively impacting their intention to consume few calories more wisely, now that's a bright idea.

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 Wesufm.org and brought to you by the Community Health Center.