

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret a rare show of agreement from lawmakers in Washington the Senate has approved a bill that would provide \$1.1 billion for research and preparation for the zika virus. The real concern is what happens when mosquito population makes landfall in the coming weeks, so this is some good news.

Margaret Flinter: And this is largely to support research at the National Institutes of Health where they are hard at work to develop a vaccine along with possible treatments for those who become infected.

Mark Masselli: So far there is no specific treatment for zika other than riding out the virus symptoms; rash, fevers, aches and the like, but the threat to pregnant women and their unborn children is very real. And so far there is not a lot that women can do other than being vigilant around avoiding mosquito bites, not an easy thing to do in certain parts of this country.

Margaret Flinter: And Dr. Anthony Fauci of the National Institute of Allergy and Infectious Disease does feel pretty confident though that there will be a workable vaccine by the end of the year. But for now, we have to brace for mosquito season and provoke public health strategies that minimize the population mosquitoes and make sure that public utilizes mosquito repellents when going outside.

Mark Masselli: It's an example of how science requires diligence and rapid response, research paradigm so that we can understand the nature of the emerging public health threats like zika.

Margaret Flinter: And all manner of research is vital to the integrity of robust healthcare system and today our guest is a researcher of another kind. Dr. Lisa Simpson is President and CEO of AcademyHealth a nonprofit, nonpartisan think tank of researchers analyzing health systems through the better use of data.

Mark Masselli: AcademyHealth is taking over the sponsorship of Health Datapalooza in Washington, a gathering of health activists dedicated to liberating the data, she will have much to share with us about his year's event.

Margaret Flinter: And Lori Robertson stops by, the managing editor of FactCheck.org, always on the hunt for misstatements spoken about health policy in the public domain.

Dr. Lisa Simpson CEO of Academy Health

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

Margaret Flinter: We will get to our interview with Dr. Lisa Simpson 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'm Marianne O'Hare with these healthcare headlines. Congress has been acting on a number of some of the bigger threats to population health in the country voting to approve \$1.1 billion of the President's \$1.9 billion request in zika battle, that money slated for accelerated research on vaccines and protections for pregnant women who become infected, scientists are working feverishly to beat the arrival of the mosquito that carries zika in the US. And the President has also asked for \$1.1 billion to launch an offensive against the opioid addiction problem claiming some 47,000 lives in 2014 alone, Whitehouse Drug Czar Michael Botticelli warning, without additional resources many more people will die.

The number of uninsured children has dropped significantly across the country especially in the underserved populations. According to a recent study by the Urban Institute, the number of children eligible for coverage in CHIP or Medicaid rose to 91% in 2014 from about 81% in 2008. About four and a half million children are still uninsured in this country, about two-thirds of them CHIP or Medicaid eligible.

While the medical world scrambles to incorporate the game changing opportunities with genomics government initiative leading to the mapping of the human genome back in 2008, now the attention has turned to another medical frontier about which little is known, microbiomes getting much needed infusion of support from the Obama Administration which just pledged a \$121 million to launch a microbiome project. The bugs that inhabit a person's body believed to have as much to do with health as the genomic blueprint. The microbiome quest is also being supported by the Bill and Melinda Gates Foundation. I am Marianne O'Hare with these healthcare headlines.

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Mark Masselli: We are speaking today with Dr. Lisa Simpson, President and CEO of the AcademyHealth which works to improve health and performance of the health

Dr. Lisa Simpson CEO of Academy Health

system by supporting the production and use of evidence to inform policy and practice. A pediatrician and health policy researcher, Dr. Simpson was deputy director of the Agency for Healthcare Research and Quality from 1996 to 2002. Dr. Simpson is an elected member of the Institutes of Medicine and has numerous awards including the Excellence in Public Service Award from the American Academy of Pediatrics. She earned her medical degrees at Trinity College in Dublin, Ireland and her master's from the University of Hawaii. Dr. Simpson, welcome to Conversations on Healthcare.

Dr. Lisa Simpson: Thank you Mark.

Mark Masselli: You know your organization has just come off an incredible, that the seventh annual Health Datapalooza, a great gathering of data liberation champions everywhere. You had Vice President Biden, Secretary Burwell, Todd Park, Susannah Fox, Karen DeSalvo as well as many patient advocates were there this year promoting goals in line with your mission at AcademyHealth which is to seek to improve health and the performance of the health system through use of data. Before we delve into the work of the Academy we are anxious to hear about the Health Datapalooza, what were some of the notable highlights?

Dr. Lisa Simpson: Yeah, it was pretty incredible. And I think it's going to be very hard to top Vice President Joe Biden's talk, it was inspiring, moving and he really captivated the audience and acknowledged the importance of the work of the folks in the audience but also challenged us to do even more to really accelerate the pace of research and leverage data across the silos that exists. Another highlight for me was that we achieved the Patients Included certification so there were patients as you noted not just in the audience but on the panels, on the steering committee we had a great Consumer Shark Tank adaptation. The other thing is this year we have made a real effort to make sure that we didn't just talk about Medicare and private sector data but also data at the state levels and Medicaid and CHIP. And there were a couple of panels that then very directly took on the issues that influence health, going beyond just healthcare and looking at social determinants and the environments and how do we bring in the data across those sectors to help really design strategies that meet people's needs and lives where they are.

Margaret Flinter: You know we have always heard that an important function is to bring IT entrepreneurs together to be hackers in some ways to hack solutions to the problems that we have of sharing data in a timely fashion, may be you can speak just a little bit about one or two promising new initiatives that were discussed that might have the potential for expediting and sharing this trove of health data. And I really appreciate that

Dr. Lisa Simpson CEO of Academy Health

you spoke about also getting data at the state level health and public health, primary care, tertiary care, community health all works together.

Dr. Lisa Simpson: So I think one, certainly brand new initiative was the one announced by Fred Trotter who you know wrote the book Hacking Healthcare and because of his incredible work in the states, he actually won this year's Health Data Liberator Award but he also released a new data set called MrPup for Medicare referring provider utilizations but it's really important because it helps understand which provider is referring patients to which labs and other providers. So now this open data source can help folks understand referral patterns, may be some hotspots, getting the data out is just the first step and then all the innovation and creativity of the broader community can take that data and try to turn it into actual knowledge innovation that helps patients.

Another example from the meeting was from Phil Payne who talked about a new platform CIELO that he is developing collaboratively with AcademyHealth where you can share data and code together for de-identified data in public spaces and also they are developing a private space for sensitive data. And it's specifically designed to promote collaboration and health research and quality improvements and health analytics. So it's part of work that we are doing to really promote this culture of open science and health analytics.

The last one I want to mention is that we also manage a learning community. We abbreviate it to call it PopCop where we are bringing together leaders at the city health department and state health department to talk with each other not about just the traditional sort of public health datasets or surveillance etc but to actually look at innovations of bringing in electronic data other kinds of derivative data whether it's patient reported outcomes or you know your Fitbit to really help enhance the core public health functions.

Mark Masselli: You know Dr. Simpson you have had a great history of research at AHRQ back in 1996 and through the years you have seen the technologies and data streams change, but the principles of quality research remained the same, could you talk to our listeners about some of the research areas you are focusing on now at AcademyHealth, how they evolved from your earlier days or quality research?

Dr. Lisa Simpson: Sure. Historically I think the research community throughout the country was very much focused on either national surveys or administrative claims data transactional data. But now we are seeing the opportunity to complement that and expand it dramatically with other types of data whether it's from electronic health records or the quantified self and really trying to bring that in so that we have an

Dr. Lisa Simpson CEO of Academy Health

understanding that's much more in real time. Our goal is really to work with our members and the community to accelerate everybody's ability to use these new data and to learn from each other because this is new and complicated, and it's really important to share not just the bright spots and the successes but also the setbacks. So one the projects that we have right now is working with the Office of the National Coordinator, The Community Health Peer Learning Program and that's looking at data across sectors. We have 10 geographic communities and 5 subject matter expert communities all coming together to look at different aspects of population health.

Another initiative that we have the Electronic Data Methods forum has provided small grants to researchers to look at such issues as the development of eCQM or Electronic Clinical Quality Measures again moving from a sort of nonintegrated you know layered on top quality performance measurement enterprise to really seeing quality measures become a byproduct of clinical workflow.

And then the last example I would like to give you is something that we do a lot of, and it's really called the Research on Research, and by that I mean we look at patterns, trends and future needs of the field. For example, we manage a dataset for the National Library of Medicine called HSRProj which tracks all health services research funded by over 250 public and private sector organizations. One of the most recent ones we did looked at disparities research and how has that research as a field changed over time. In the early part of this past decade, a lot of the research that was funded was looking at documenting disparities but as the decade moved on, we saw more and more studies addressing, well what do we do about it? The proportion that's looking at interventions has actually gone up by 90%. Health services research a significant portion of it is sort of backward looking and explanatory which is critical but increasingly we have got to have interventional and evaluative answers to this sort of, well, what works? I look at various aspects of child health care and the last year we published a study on pediatric hospitalizations for behavioral health issues, we are just about have one come out on oral health which is a big big issue particularly for children on Medicaid and next year we are going to look at re-hospitalizations for children.

Margaret Flinter: Well this is very exciting in that at AcademyHealth you are looking at everything from social determinants, organizational structures, technologies, financing cost, health policies all these things that affect health outcomes. But they also have to affect care delivery systems, maybe you could share with our listeners a little bit about how this work is actually impacting high quality care delivery system.

Dr. Lisa Simpson: We are seeing incredible advances. And in fact I would like to point you to new journal that we launched three years ago as part of our work in the

Dr. Lisa Simpson CEO of Academy Health

Electronic Data Methods forum. It's called eGEMS and it's peer-reviewed and open access around all these new datasets because we realized that we need to sort of learn how to learn again and how to use these new datasets. And so there a number of different papers in there, so it's really sort of taking grounded clinical issues and then saying, well in this new world how do we do this? The other thing that we are seeing is that more and more delivery systems are saying we need more in-house capability, a really well-trained researchers but who are really jazzed [PH] about doing work about care delivery today. And so we partnered coming out of the group that we founded several years ago called the Health Services Research Learning Consortium, we established the Delivery System Science Fellowship. And this fellowship is a partnership with 10 leading delivery systems around the country, Mayo, Intermountain Healthcare, Geisinger, DVA and several others do a national recruitment for really well qualified health services researchers who then gets selected for one of those delivery systems and then go work as embedded researchers because this allows them an opportunity to the trove of data that really exists now in delivery systems settings. We gather online and we also get them altogether at our annual research meeting, and I think it's really important to sort of start breaking down the silos not just of data but the silos that have existed between academia and delivery.

Mark Masselli: We are speaking today with Dr. Lisa Simpson, President and CEO of AcademyHealth, a national organization serving the needs of health services and policy research. We were struck by something that Farzad Mostashari said at the Health Datapalooza that was pretty telling he noted that seven years ago almost no one heard about electronic health records and you know in so many ways we have come so far and could you talk about how outcome data, data from electronic health records relatively new tools for research are enhancing your ability to conduct more in-depth research.

Dr. Lisa Simpson: It's a whole new world. And of course the research community is adapting and evolving because they are using not just existing robust methods but developing all kinds of new methods to use these new data streams. But the real beauty and power of them is the incredible richness of clinical details that's now available that was never available from the more traditional claims data. So by bringing in the really rich granular clinical data you can start understanding not just the average of a population subset but really start creating much more specific in-depth PHYNO [PH] types for smaller groups of patient using all the data points to create much more specific PHYNO types subtypes of patients you are helping to develop predicted analytics and prospective care management plans that are much more tailored to individual patients.

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Margaret Flinter: Well Dr. Simpson you are overseeing research in so many of these big impactful areas certainly CHIP, the Children's Health Insurance Program, Medicaid, payment reforms, anything else you would like to say about some of these initiatives that you are overseeing and the partnerships that you have forged [PH] in order to be able to address them.

Dr. Lisa Simpson: I am glad you brought up the point partnerships Margaret, partnership with our members or organizations who share a passion for improving health as we do. I earlier had mentioned our ONC work, it's really fascinating, we are working with these communities to help identify data solutions and really disseminate educational and other resources to support progress on population health. You mentioned CHIP and Medicaid, so we are delighted for example to have two state focused networks that we work with in partnership. One of them is the network of Medicaid medical directors and these are the senior most clinicians in each state Medicaid program. We have worked with them on projects ranging from early elective deliveries and re-hospitalizations they are tackling high priority issues that they see in their populations. And you mentioned payment reform, well we are just starting a project to look at that intersection of payment reform and population health you know everybody is talking about this move to value not volume that's easy to say, how do you actually do that on the ground to trying to bring the innovation together and then get that information out to more folks more quickly.

Mark Masselli: Dr. Simpson a big part of the work that you do at AcademyHealth is to provide nonpartisan analysis of the effectiveness of these health policies and how they impacted the health as well as the health systems around the country, I am wondering if you could tell our listeners a little bit about some of your findings in that area but also how are you all organize, how are you supported?

Dr. Lisa Simpson: One of the ways we maintain our neutral brand in Washington because it can get pretty heated at times you know we have an advocacy role but it's quite limited. We advocate for science policy but it's about policies related to funding for research, funding for data and then for the freedom of both at research and data. And so we don't weigh in with opinions or taking sides on things like the Affordable Care Act or MACRA and that allows us to stay focused on the science policy. So we facilitate their conversations by bringing the evidence forward. About 18 months ago some members, some staff in Congress were looking at legislation they were drafting on value based insurance design. And we said, well we have a number of experts in our membership who have done tremendous studies on this, and so we brought them to Washington and had a you know small closed-door congressional staff conversation so that they could hear directly from the experts at Harvard and elsewhere who are doing

Dr. Lisa Simpson CEO of Academy Health

work on values based insurance design. We do that also with the executive branch. We just did a workshop yesterday on price transparency bringing in six grantees at the Robert Wood Johnson Foundation to look at different dimensions of price transparency to be in a room with seniors leaders in the executive branch to talk about, well what are we learning about this, when does it work, what are the challenges, really making sure that evidence is part of the policy conversation.

Margaret Flinter: We have been speaking today with Dr. Lisa Simpson, President and CEO of AcademyHealth serving the needs of health services and policy research through the better use of data. You can learn more about their work by going to academyhealth.org or follow them on Twitter @AcademyHealth. Dr. Simpson, thank you so much for joining us today on Conversations on Healthcare.

Dr. Lisa Simpson: Thank you Margaret and Mark, it was a real 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: Well the zika virus is still in the news as Congress considers President Obama's \$1.9 billion request for emergency funds to combat the virus. We found misleading claims in some senators' statements in favor it, Senator Heidi Heitkamp from North Dakota said, zika will be everywhere in the United States. Senator Marco Rubio similarly said, it can be in any state in the country. Health experts project local clusters of zika cases in some states not widespread transmission. There are now 45 countries and territories worldwide with active zika transmission according to the Centers for Disease Control and Prevention. Scientists believe zika spreads in three ways: through mosquito bites, via sexual contact with a male, or from mother to child during pregnancy. Why won't it spread widely in the US? Tom Frieden head of the CDC has said that zika primarily spreads through the bite of certain mosquitoes in places that don't have air-conditioning or screens. Denise Jamieson, chief of the women's health and fertility branch of the CDC also has said, that experience with other diseases carried by the same mosquitoes shows that the continental US would likely to see a small number of cases.

The CDC provides maps for the estimated ranges of the mosquitoes that can transmit zika showing that the mosquitoes primarily thrive in the southern states and Puerto Rico. In order for an outbreak to occur, says the CDC, People infected with zika must enter the US and the mosquitoes that transmit the virus must bite an infected person during the first week of infection, and then infected mosquito must live long enough for the virus to multiply and for it to bite another person. Public health officials don't believe it will be everywhere in the United States of America. The CDC reported 658 locally acquired cases in US territories primarily Puerto Rico. The continental US has seen zero locally acquired cases and 472 travel related ones, 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.

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Margaret Flinter: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Each year more than 1 million babies die at birth and another 3 million die within the first few weeks of life, often from preventable causes, and when babies are born prematurely the risks escalate. Newborns and particularly preemies have a considerable amount of difficulty regulating their own body temperature and without access to incubators babies in the Third World often succumb to hypothermia, that got former Stanford MBA student Jane Chen thinking, how do we develop a low-cost solution to the problem?

Jane Chen: My team and I realized what was needed was a local solution, something that could work without electricity that was simple enough for a mother or a midwife to use. We needed something that was portable, something that could be sterilized and be used across multiple babies and something ultra low-cost compared to the \$20,000 that an incubator in the US costs.

Margaret Flinter: Speaking at a recent Ted Talk, Chen said that they developed a cocoon like device called simply Embrace, a thermal body wrap that encases the baby and helps regulate body temperature for up to 6 hours.

Jane Chen: It looks like a small sleeping bag for a baby, it's waterproof, there is no seams inside so you can sterilize it very easily but the magic is in this pouch of wax. This is a phase change material. It's a wax-like substance with the melting point of

Dr. Lisa Simpson CEO of Academy Health

human body temperature, 37 degrees Celsius. You can melt this simply using hot water and then when it melts, it's able to maintain one constant temperature for 4 to 6 hours at a time after which you simply reheat the pouch, and it creates a warm micro environment for the baby.

Margaret Flinter: And Chen and her developers have managed to keep the cost of the Embrace baby warmer at around \$25 per unit. Since launching the product in 2010, they estimate that over 150,000 babies' lives may have been saved with the device which is easy to sterilize and designed for multiple uses. The Embrace infant warmer has earned numerous international awards for design and efficacy, a low cost, high tech, portable temperature regulator, designed to regulate preemie's body temperatures to ensure that they not only survive premature birth but ultimately thrive as well. Now that's a bright idea.

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

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

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