Hal Wolf

Female: Welcome to Conversations on Health Care with Mark Masselli and Margaret Flinter, a show where we speak to the top thought leaders in health innovation, health policy, care delivery and the great minds who are shaping the health care of the future. This week Mark and Margaret speak with Harold (Hal) Wolf, President and CEO of HIMSS the Health Information Management Systems Society a non-profit organization dedicated to advancing health IT to improve health care and health care management. They're about to host HIMSS Global Conference a largest gathering in the world of health industry players providers and innovators all seeking to transform health care.

Lori Robertson also checks in, the Managing Editor of FactCheck.org looks at misstatements spoken about health policy in the public domain, separating the fake from the facts. We end with a bright idea that's improving health and wellbeing in everyday lives. If you have comments please email us at chcradio@chc1.com or find us on Facebook or Twitter, iTunes or wherever you listen to podcast. You can also hear us by asking Alexa to play the program Conversations on Health Care. Now stay tuned for our interview with Hal Wolf CEO of HIMSS on Conversations on Health Care.

Mark Masselli: We're speaking today with Hal Wolf, President and CEO of HIMSS the Healthcare Information Management Systems Society a non-profit organization dedicated to promoting the best use of information technology and management systems to improve the health care industry. Prior to joining HIMSS Mr. Wolf served as Director at the Chartis Group overseeing development of video on demand and before that was Chief Operating Officer of the Kaiser Permanente Federation where he focused in on data management and population health. He began his career as an executive at MTV using television to transform the music business. Hal welcome to Conversations on Health Care.

Hal Wolf: Thank you so much, it's a pleasure to be here.

Mark Masselli: Yeah, you preside over the world's largest organization dedicated to advancing information technology in the health care space. HIMSS includes close to 600 corporate partners provider organizations and I'm wondering if you could illuminate for our listeners the full scope of your mission and how you pull all these entities together to facilitate tech solutions?

Hal Wolf: Well, Mark we are absolutely dedicated to the transformation of health through the use of information and technology. It all started back in 1961 looking at computer software and starting to think how can we make this applicable into health care and start to bring the focus on the dimensional look at the use of information and of course

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technology. What we've made sure of is to ensure that we are as collaborative as possible. We reach out consistently to other non-profits to see if we can help them. The point of the matter is that we're all trying to solve the same problem which is to improve health care. The more we can all work together the better we can challenge the system as it currently exist.

Margaret Flinter: We hear a lot that the health care industry has to catch up to other industries like banking and manufacturing in terms of adopting tech enabled innovations. You've said yourself that the pace is if anything going to continue to accelerate. But you've also recognized that we have to do a better job of creating a culture of innovation in health care that will facilitate such a change. I think very importantly to all of us who are on the frontlines we have to do that while still making it possible for the people who deliver the care, right? To use the innovation the way it is successful for them. How do we do a better job of creating a culture in health care that facilitates rapid adoption of innovation and innovation that really works for those who are delivering the care?

Hal Wolf: When you think about health care as an industry, it really hasn't been one, it's been more individual hospitals. How do you bring innovation into health care? Lets also remember that health care operates under very important creed which is to do no harm. We spend a tremendous amount of time in health care to eliminate variation and then we walk in and we say, oh by the way you need to change things quickly, and change in health care comes slowly. Yet we live in a world of innovation which is changing on the technology front literally every six months. When we talk about this critical need to change culture so that we can innovate, it really is about workforce development, it really is about creating an environment where people in health care can learn to fail fast, meaning if something isn't working switch it.

It takes a change in the way that an organization thinks about its use of information, about how its staff needs to work outside in, meaning from the patient back into the clinic versus we are the medical industry and you will come to us. That has changed and consumer expectations have changed. There's a formula that we use at HIMSS which is OO+NT=COO which means Old Organization plus New Technology equals Costly Old Organization. It takes people process and technology in order to be able to move forward quicker and faster in innovation.

Mark Masselli: I was thinking back that we have your predecessor Steve Lieber on the show, back then we were focusing on adoption and interoperability. I think we've moved the needle on adoption still are struggling for the interoperability to be out there on the horizon. We've seen this enormous amount of data that's been generated out of all these

health systems and on the other hand we have this rise in cybersecurity. I know HIMSS has been concerned about that, the hacks that are happening in the health care industry. I think it's axiomatic that as innovation accelerates so has this pace of new challenges have risen. I'm wondering if you could talk to our listeners about how you've addressed both ongoing and emerging challenges at HIMSS.

Hal Wolf: We are dealing in a world right now where the amount of data that exist is doubling globally about every 18 months. Health care is no exception, in fact, I would say we're more than doubling every 18 months just within our particular sector. The reason for that is they're both in the medical model, meaning, at the hospital level, clinical level, physician level, nurse practitioner, they are using information that they have never used before. Of course each one of us as a consumer with our smart phones, our computers, our laptops, we are generating a massive amount of social exhaust. We also use it every day to think about in health care what treatment should we get doing self-diagnosis, looking up doctors etc. There's a huge amount of information that's pouring in.

One of the big items that's missing is lack of actionable information. How do I take the information that is needed for clinician decision support which includes my clinical data, my personal data, where I want to be contacted, who is in my support group, who's in my family. All of these things were part of the information pieces that come together to help facilitate best procedures, best outcomes for an individual about personalized medicine. We haven't even gotten to the point of adding in genomics.

We need two things, one is we need access to the right information at the right time. But all of that information that data must be supported in an extremely secure way. Our focus on cybersecurity, the sessions that we run, the policy makers that we talk to both in the United States and the EU and Asia, we talk about cybersecurity as a critical stepping stone independency because individuals need to know who has access to my information and how is it being used. I cannot emphasize enough that we at HIMSS continue to work on interoperability.

It has a consistent format whether you are looking at a device on your arm like a Fitbit or an Apple Watch just to name two and there are many, many others, to large EMR machines that are gathering information, putting it down and transporting it for someone else to be able to interpret half way across the globe because it's 2:00 in the morning. These are the ways that cybersecurity becomes so critically important and we have to be very conscious of the cyber environment and making sure the people's information is protected but available

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for our use or we're going to miss the opportunities to be even better in care delivery.

Margaret Flinter: Well I would assume that all of that adds up to one very exciting agenda for the upcoming HIMSS 2019 conference. Biggest global health information and technology conference in the world. I understand you draw out more than 45,000 participants together to showcase innovations and share insights. In addition to the speakers and the hundreds of learning sessions, you have an exhibit area where people can walk right into a demonstration of IBM's Watson, or Intermountain Health's video simulator, Google's latest cloud and iteration. Share with us the theme of this year's conference and what do you think the highlights are likely to be?

Hal Wolf: As you mentioned we have 45,000 people coming into the conference each year. The theme this year is Champions of Health and when we have our global conference, people come literally from around the world in order to share best practices, to understand what might fit in their particular environment. We're starting off with an initial keynote on consumer driven exchanges and with this is Secretary Verma [ph]. We have Karen DeSalvo who formally was with HHS. When you have Governor Mike Leavitt up on stage at the same time discussing how do we work on different components of this marriage between government, citizen, patient, consumer all three haves.

We have forums on pharma we have cybersecurity conversations taking place. We have incredible areas called Venture Connect where brand new startups companies in their second and third round of funding get exposure to people who are interested in investing. Then finally on a global basis we also have showcases from countries and the government as a matter of fact. Our own government from CMS will show some of the different products and services that people need to use in order to transport their information, and what are they doing from the DEA standpoint to make life easier from a Blue Button program and data sharing.

Israel is an example. Italy is an example of countries, Finland, that are showcasing their particular innovations that they want the world to be able to see. This is about global thought leadership, it's about an amazing array of products and services that you will never see anywhere else in one place on the globe. Tens and tens of thousands of square feet, hundreds of thousands of square feet of exhibits and conversations that are taking place. I think this year we're going to see a lot of emphasis on cybersecurity and a lot of emphasis on data and data management, I think those will be huge topics.

We are recognizing that we're being impacted globally by GDPR which is how information is managed from Europe and the rules and the restrictions there having a downstream impact on us. We're expecting

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a very vibrant and assertive program for the global conference around Champions of Health unite.

Mark Masselli: We're speaking today with Hal Wolf, President and CEO of HIMSS the Healthcare Information Management Systems Society dedicated to promoting the best use of technology and Management Systems to improve the health care industry. Hal, that conference sounds just great and this year there will be a larger focus on the emergence of Blockchain in health care. You said that the industry player who cracks the Blockchain code for adoption and health care will, "own the market." I think I've seen recent information out there that suggest that maybe we'll see about a third of large systems in the next five or six years embrace Blockchain. But tell us why you are so bullish on Blockchain and why you think it may hold the power to truly disrupt the industry?

Hal Wolf: Let's talk about where Blockchain comes from. Traditionally it was set up as a ledger capability, so that on a monetary basis or an information basis I can distribute an individual's record, in this case, a banking record but now think about it as health care in a multitude of places so that it doesn't sit or reside in one specific location. One of the challenges in cyber security has always been if I can break into a computer and I can look at someone's entire record at one time. If I can grab a hold of that then I've stolen critical information. What Blockchain does is that it creates a distributed chain of the information with a particular key that then draws it all back together.

We absolutely see areas where Blockchain is an example can be very helpful in health care. Record formation is a perfect example. The exchange of data on a secure basis is another. If you think about its traditional use in terms of financing imagine Blockchain tied to your particular benefit with your particular insurance company, and then people have access to the information of what you're paid for, what you can pay for it's a more real time, so benefit administration is another example. All of that is predicated upon two important points, I need the data, it needs to be secured and it needs to be available.

We believe that Blockchain is super important to speed administration and security of information and accessibility of it on a global basis through your individual key or through an organization's individual key. That's why we're so excited about it and we continue to push for interoperability and exchange. We see it's a major upside and there will be a lot of focus on it at the upcoming global conference as well.

Margaret Flinter: Well, Hal, I was taken by some of your information about the work that HIMSS does in extending education and certification opportunities to people not just at the conference but actually all throughout the year. This is something we've recognized it's so

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important in health care that's really got to be targeted, focused, what you need to know now, ongoing continuing education throughout the career. Tell us how you're connecting the training and education mission to people in the field and the impact that you think this has potentially on advancing your goals of creating this cultural change?

Hal Wolf: We live in a situation where we have this changing environment health care. Traditionally people have relied on what they learned in college and maybe some courses that they take in between. We're about to tap into a world where clinical decision support is online it's extremely robust. It encompasses knowledge management the crisscrosses literally over 3,000 to 4,000 peer review articles per year. That's more than any one individual can keep up with. We've always recognized that workforce development is absolutely imperative in order to be able to keep people up with the changing of the environment and take full advantage of the information that's coming.

We operate certification programs in Health care information and management systems for the professional. We have early career communities that we've established. We have e-mentor programs to connect people with others who have gone through it so if they're working on innovation, if they're working on technology challenges they're tied in with someone who can help and support them. We even have veterans' career services initiatives that help military veterans. Now when then come back in the health care we find them the right place to go.

One of the more exciting ones this year is we've just created a new affiliation with Harvard Medical School. We'll be teaching a class that's coming late spring early summer at Harvard educating executives, CEOs as well as chief medical information officers on the use of information and how they need to think about that information with their systems, how they're going to train their staff and how they're going to be able to transform the industry. Workforce development in our certification programs are designed to do that and we're extraordinarily proud of our group.

Mark Masselli: We've been talking somewhat about trends or I would say new technologies the AI, big analytics, Blockchain, the additional data that's going to be generated out of the genomics and personalized medicine, voice technology. What do you see as trends that we should keep our eye in the future?

Hal Wolf: Mark the impact of artificial intelligence is going to be monstrous as well. Part of what AI does, artificial intelligence, is that it takes our algorithms what we know now and then it applies other components and comes back with new connected dots. We're beginning to see AI

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work its way into clinical decision support thinking about what is the best delivery of care for an individual in this particular setting. Far too often best practice in health care is based upon almost a perfect standard. Someone develops something for their facility, it produces the very best results possible and then we publish it. Now I have to be able to take that best practice and I have to apply it to my setting and then I have to be able to apply it to my individual who I'm trying to treat.

What AI allows us to do is be able to take all those different components into account simultaneously and to be able to get a recommendation to a clinician or to the patient in very short time, something that takes place in a minute versus weeks or months of research. As we developed our artificial intelligence programs we need to be able to document them to the best of our ability. But things are going to happen at a faster pace and recommendations could happen at a faster pace than traditional peer review process. That's what I meant earlier by saying this is going to be interesting time, it's going to challenge us in how we think about that innovation and how we think about those recommendations. I believe that artificial intelligence will have a tremendous impact in the next two to three years and continue to accelerate in health care.

Margaret Flinter: We've been speaking with Hal Wolf, President and CEO of HIMSS the Healthcare Information and Management Systems Society. You can learn more about their work by going to himss.org or follow them on Twitter @HIMSS and that's spelt H-I-M-S-S. Hal thank you so much for joining us today on Conversations on Health Care.

Hal Wolf: Thank you so much.

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Mark Masselli: At Conversations on Health Care we want our audience to be truly in the know when it comes to the facts about health care 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: In December two children from Guatemala died while in the custody of US Customs and Border Protection, a 7-year-old girl and an 8-year-old boy. That sparked criticism of the government's ability to care for young immigrant and that criticism in turn sparked some false social media claims. Viral posts argued that, "during the Obama administration 18 children died while in custody of Border Patrol." That's false. No children died while in custody of Customs and Border Protection during the Obama Administration. In fact the Department of Homeland Security, Secretary Nielsen said in a December 26

statement that, "it has been more than a decades since CBP has had a child passed away in their custody." US Border Patrol is a part of CBP which is an agency within DHS.

The most recent data publically available from a 2016 report to congress show that CBP reported 13 deaths in fiscal year 2015. 10 of those deaths were the result of, "use of force." We asked CBP for more information on the deaths of immigrants in its custody but did not get a response. According to data from US Immigration and Customs Enforcement none of the 67 immigrants who died while in ICE custody during the Obama years were children. The 18 children claim may be a misrepresentation of a story published December 18 by The Daily Caller. That story revisited a 2016 analysis by Human Rights Watch on 18 immigrant detainee deaths from mid-2012 to mid-2015. But the story said that those detainees were ages 24 to 49. That's my fact check for this week. I'm 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'd like checked, email us at chcradio.com we will have FactCheck.org's Lori Robertson check it out for you here on Conversations on Health Care.

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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. Vaccinations are considered one of the great public health achievements of the 20th century reducing fatalities from most common and failed diseases by up to 99%. As recently as 2009, only 45% of the nation's pre-school aged children had received all of their recommended vaccinations and boosters. Researchers at the Children's Outcome Research Program at Children's Hospital in Colorado decided to take an in-depth look at the problem.

Dr. Allison Kempe: Primary care practitioners are so over-stretched that it's rather impractical. They also require a level of technical expertise that sometimes they don't have.

Margaret Flinter: Dr. Allison Kempe conducted a study on what would help to generate a better compliance with the required vaccinations. She found that when parents receive timely reminders from their state and local health departments, parents were much more likely to get the vaccinations and boosters for their children that they needed.

Dr. Allison Kempe: What our study did was to centralize those efforts. It didn't take away from the primary care providers but it helped them to do the

	reminder recall for their practices centrally using a state registry.
Margaret Flinter:	Dr. Kempe says her research shows that when a reminder message can be generated, it takes the onus and the burden off of the primary care in pediatric practices.
Dr. Allison Kempe:	In a fairly short six-month period about 19% of children who are not up-to-date became up-to-date, which on a population level within six months, it's really very powerful.
Margaret Flinter:	The study also suggests that there's a cost savings for the centralized state or county run database in reminder system.
Dr. Allison Kempe:	One a case of Influenzae haemophilus meningitis can cost tens of thousands of dollars. The costs are of not preventing these illnesses are very high.
Margaret Flinter:	A state health department driven vaccination program that assist private practices in vaccine compliance for their patient population, improving vaccination rates of young and vulnerable children. Now, that's a bright idea.

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Mark Masselli:	You've been listening to Conversation on Health Care. I am Mark Masselli.
Margaret Flinter:	I'm Margaret Flinter.
Mark Masselli:	Peace and Health.
Female:	Conversations on Health Care is recorded at WESU at Wesleyan University, streaming live at.www.chcradio.com iTunes or wherever you listen to podcasts. If you have comments please email us at chcradio@chc1.com or find us on Facebook or Twitter. We love hearing from you. This show is brought to you by the Community Health Center.

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