

(Music)

Mark Masselli: This is Conversations on Health Care. I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, the Seventh Annual Holiday WESU Pledge Drive is here and we are here as well and we hope everybody who is listening will give us a call and join in on this special week that we have trying to raise \$10,000 over the next few days so we need your participation.

Margaret Flinter: And we don't do this very often but we do need your support. We depend on non-commercial college and community radio to bring us this incredible variety of music and talk shows that WESU brings you every week and it's a chance to say thanks to this wonderful community and the Wesleyan University students who volunteer their time to bring you these shows. And Mark, I learned something new that WESU is the longest running college radio station in the United States.

Mark Masselli: And they still look good. WESU also has been very good to us; they have hosted Conversations on Health Care for over the past two years and we can't thank them enough. Hopefully, you will join us in with a special thank you and you will get online right now at www.wesufm.org or call us at 860-685-7700.

Margaret Flinter: That's right. They make our shows possible with interviews, with important guests like the United States first Chief Technology Officer Aneesh Chopra, and we have got an interview coming up with Aneesh Chopra today. There is also important news out there about the court challenge to the Affordable Care Act, the latest court challenge I should say, as well as a look at how health care reform is affecting senior citizens.

Mark Masselli: The radio **vein** is narrowing and too many college radio stations have been cash-strapped in these times, they have sold off their airwaves but not here at WESU. We continue to be a creative voice and vehicle for social change and we are excited to be here in the greater Connecticut Valley and we hope everybody who is listening to us will give us a call, we are at (860) 685-7700 or get online at www.wesufm.org and make your pledge today.

Margaret Flinter: And we know many of our listeners tune in from all around the country but radio like Health Care is all local as well national and WESU is such an important service to the university and to the central Valley of Connecticut and now a good ways beyond because last year WESU quadrupled its broadcasting power from 1500 watts to 6000 watts, that doubled the potential listening audience throughout the Connecticut and Southern New England region. Your

support during this Holiday Pledge Drive ensures that WESU continues to beam those airwaves.

Mark Masselli: So give us a call right now at (860) 685-7700 or get online at www.wesufm.org. If you make a pledge of \$40, WESU will give you a WESU long sleeve shirt. Margaret, I think you gave one of those away last year.

Margaret Flinter: He is getting another one.

Mark Masselli: He is getting another one, he will enjoy it. And your choice of a pledge of \$50, you will get a \$25 coupon from Middletown Framing, or for a grand pledge of \$100, you will get up to three hours of studio recording time. What's the story about that studio recording time?

Margaret Flinter: Well Middletown is such an eclectic community, we have the coffeehouse recording studio and they are offering three hours of recording time and a CD. So, for those of you who have a creative genius in your life looking for some recorded expression, that's the one.

Mark Masselli: So get online right now and make your pledge at www.wesufm.org or give us a call at (860) 685-7700. It's hard to remember those numbers when you are driving and trying to put it in your iPhone. So pull over and get this number one more time (860) 685-7700.

Margaret Flinter: And while you are taking care of that enjoy today's show because we are very excited to welcome the United States first Chief Technology Office Aneesh Chopra to the show today.

Mark Masselli: We are very happy that he can join us and no matter what the story you can always find out more about our shows and hear about us by Googling CHC Radio and as always, if you have feedback, e-mail us at www.chcradio.com. We would love to hear from you.

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Mark Masselli: Today, Margaret and I are speaking with Aneesh Chopra, the United States Chief Technology Officer. Welcome Aneesh and thank you for joining us today. You serve as the country's first Chief Technology Officer and in that role you serve as the Assistant to the President and the Associate Director for Technology within the Office of Science and Technology Policy, what a great perch. But you have a waterfront of responsibilities in opportunities including fostering new ideas and encouraging government-wide coordination to help the country meet its key goals like reducing health care cost and improving patient outcomes. So a big picture question, what do you see as the most important health care technology issue that our country is facing right now?

Aneesh Chopra: Well, to me, the most important health care technology issue is actually quite separate from technology in its traditional sense; it's the business models under which technologies can both be surfaced and scaled. So the challenge before us is to move the health care industry from one that focuses on paying for volume of care to one that pays for health and value, and that transition creates market opportunities that I believe will bring new technologies to market that today find a difficult time achieving a business model.

Margaret Flinter: So this administration has certainly made the advancement of technology in health care as Mark said but also in areas from Homeland Security to environment a priority and we appreciate that you have also made the point that you are working to democratize government by liberating the data that it collects which is a great thing. But right now the priority certainly in Washington is jobs, jobs and jobs. How do you see your work as the Chief Technology Officer as contributing to that goal to generating new jobs particularly in health care technology? Where will these jobs come from and what are we doing to prepare young people to hold those jobs?

Aneesh Chopra: So there are basically three areas where we see job creation, job growth associated with the President's Innovation Strategy. The first point is that we need an infrastructure or a foundation of health care IT that could then form the basis of the products and services to change the care delivery system. That infrastructure, if you strip it down to its core essentials, it's not just the software that powers the physicians' offices and hospitals but it is the communications infrastructure on which it sits. So the President has called for an ambitious \$10 billion initiative to modernize the nation's wireless infrastructure with emphasis on how it can help our first responders that would include EMS technicians besides a set of other policies meant to spur private capital investment in the next generation of mobile broadband. That infrastructure layer we believe will generate good paying, hardworking American jobs around installing cable, layering, facilitating the construction of towers and communications infrastructure all the way up to the installation of health care IT software and services which as you saw as recently as earlier this week the USA Today article referencing the job creation and income growth to all of the companies that are in that health IT sector. So that's the first layer. The second layer is notion of getting the rules of the road right in an Internet-based economy. So how do we ensure privacy and security? If we get the rules right, we will foster an incredible list of new companies, new products, new services that understand the rules of the road and can compete effectively small to big, doesn't matter the size of the company but we have got to get the rules right. So we have put forward a set of Internet policy principles that should guide our rule making activities so that we can foster innovation while protecting the American people at the same time. Getting that right is another key element in getting new companies off the ground which in turn means new jobs. And last but certainly not least, the President articulated a vision of open innovation and that is for the specific challenges it had, as I mentioned earlier, shifting the payment system to

focus on value over volume. That implies a set of new products and services largely built on this new digital infrastructure that actually can hit the market and can scale. So the presumption is there will be an industry-borne tomorrow that's just having its early science of life today that will all be focused on ensuring the doctors and hospitals have the information support tools and services they need to keep us healthy. If the ambition is to stay at reduced readmission rates, ensure that a patient is taking their meds, is complying with the regimen their doctor has established for them if adherence is an issue. Those goals which achieve a value-based health care system will, I believe, create new market opportunities that will create the Googles of the 21st Century health care and delivery system that could effectively grow up to be billion dollar company. So that is something we see very, very much in the horizon.

Mark Masselli: I know you are working in Washington DC but you have brought a Silicon Valley startup field to your work. You are very focused in on outcomes, you talk often times about 90 day turnaround's very refreshing. And one of the many initiatives you are leading is called Startup America which launched this past January. Tell us about this initiative and what you are doing to close the health gap between entrepreneurs, corporations, universities and other stakeholders with this imitative?

Aneesh Chopra: Well, thank you for bringing it up. The President reminds us that the role of government is not just passing laws and organizing budgets but often it's the leadership qualities of calling Americans into action. Earlier, in 2010, President Obama when signing the Small Business Bill called on the broader American community, the entrepreneurial and innovation community more specifically, on finding ways to increase the success rate of high growth entrepreneurs. That call to arms led a number of stakeholders without any taxpayer funds to come together and form a non-profit organization called the Startup America Partnership led by Steve Case at AOL and a number of other thought leaders. They then have gone on organizing rallying cry around the country and amalgamated over \$700 million of private sector resources aimed at their ambitious goal to help 100,000 high growth entrepreneurs scale across the next several years. That ambitious agenda does link up to our role in government because they provide a terrific input source on the regulatory barriers that need reviewing on opportunities to leverage research and development, to bring lab innovations to market and to encourage through our supply chain the purchasing of new products and services. You can see this in the VA for example.

We have opened up our innovation-related procurements so now startups like American Well, which is one of the leading telemedicine companies, is now on a pilot initiative in the VA, something that the CEO told me was laughable when I first mentioned the idea that he should compete for the innovation program because he wasn't familiar with government bureaucracy applying for a contract and all the hassles. This program made it very easy for high growth companies

to bring their best ideas to advance the state of affairs for the nation's heroes, our veteran community. So we are using all of our tools in Washington synced up with this private sector call to arms and what we are seeing is now a grassroots movement. I just was in Boulder, Colorado where they launched Startup Colorado, a locally organized community to foster that kind of new product development activity. And what's amazing is one of their key priorities in Boulder was looking at health care as a vertical.

So in that particular example, we provided an initiative called DCtoVC where myself, Todd Park and a number of other stakeholders in the administration have reached out to entrepreneurs and innovators, investors and the like to share with them the truth about where we are in policy and the market environment that exists that they then could engage in so that their innovative new products can scale and that's how we leveraged Startup America.

Margaret Flinter: And I think exactly what you described is a part of what the American public is very hungry to hear about and that's the results of these investments and innovations that we are making. And when we look at the priorities around reducing health care costs but improving quality and improving health outcomes at the same time, I think we have, dare I say, bipartisan agreement that those are worthy goals. And we have talked many times on this show about how electronic health records and health information exchanges, mobile health technology, all of these things can have an impact on that triple aim. But tell me this, what are you watching to see what the impact is to date? Because we are not hearing a lot about that coming back out and it's maybe not fully mature but certainly there has been enormous progress I would say in the last five to seven years around the implementation of these technologies, around moving to electronic prescribing, around things that really should be driving quality and cost. And I know you all are very driven at HHS and in the White House so what are you keeping an eye on to see if the needle was really changing in the right direction?

Aneesh Chopra: Well, this is one of the most important questions. That's why when we in the Recovery Act developed our \$20 plus billion program to incentivize physicians and hospitals around the adoption of electronic health records why the two most important words were added, the words were meaningful use. That meant it was no longer sufficient that you walk over to an equivalent of a BestBuy, grab a box of software, hand us the receipt and say, see I got my technology, now give me my check, which is if you hadn't used the words meaningful use, you would essentially describe an adoption campaign which is to prove that you have purchased something not that you have put it to use to change the care delivery system. By adding the words meaningful use, we are now engineered to look at outcomes measures. So for example, the President's Federal Advisory Committee that is informing us as to what should constitute meaningful use is asking a very basic question. Are patients achieving

or being offered an electronic copy of their own health care data? That had never been a feature set traditionally in electronic health record software.

So it was mind bobbling that there had never been a “requirement” since no one had asked for it. But now, we are saying no it's very much a part of our philosophy and vision that you are not going to see the innovations in the health care delivery system unless data moves and from a privacy and security standpoint, the most powerful thing you can do is empower the individual. There are no privacy constraints on providing data to the individual themselves. So we have now made that a requirement and so one way to measure it is, are people actually getting their health care data in the VA thanks to Blue Button and other tools to make that easy. Over a half million Americans are downloading their own health care data in the VA alone plus the DoD and Medicare. So that is an example where the meaningful use requirement and the subsequent market reaction is demonstrating results.

The more important issue obviously is on quality. And as we move to the second stage of meaningful use and we move to the third stage in the coming years, we are ratcheting up the quality measures. And you are already seeing this in the study that Cleveland Clinic published just a few months back where they evaluated the quality of care for diabetic patients on a base of 27,000 patients in the Cleveland area. And to cut the long story short, they found that doctors in a paper based environment only delivered 7% of the recommended care interventions whereas those on electronic systems delivered 51% and actually when you talk to the team in Cleveland that did the research, they will tell you anecdotally the more “meaningful use” associated with, that is more alerts and reminders and more sophisticated decision support tools, the higher that rate even went still. So we are starting to see evidence on the quality side and on the more fundamental elements of making sure data is moving which could then be the rocket fuel for the products and services that we think will emerge in the coming years.

Mark Masselli: This is Conversations on Health Care. Today, we are speaking with Aneesh Chopra, the United States Chief Technology Officer. You mentioned a minute ago, one of your partners in technology, Todd Park is the Chief Technology Officer at HHS and you are both notorious for your animated engaging conversations about open government and unleashing data. What is open government and what does it mean to unleash data especially for patients and innovators as well as the system is focused in on trying to get good outcomes and saving money?

Aneesh Chopra: At its core, the President of United States firmly believes and took action on his first day in office that expertise in our society is widely dispersed, and that if we are to succeed in his words win the future, we have to tap into that expertise from all across the country to solve the big challenges of our day. And so he directed us to put in place the systems so that the American

people have a government that invites their active participation. So on his first full day, he directed me to develop a set of recommendations that we have now turned into an initiative called the Open Government Directive and the Open Government Initiative. And the philosophy is that the default setting for the American taxpayers, we have told them you have paid for information, we will provide you access to it, that we want to hear your voice in new and creative ways so we will allow you to participate in your government in ways you never imagined before. A primary care doctor by the way was the genesis of the Direct project which was all about safe secure e-mail, it wasn't some lobbyist and some secret room who did it, it was regular doctor.

And lastly, the notion that if we were to look out into the future and I hate to use this term because it's so pedantic at this point but these apps economy reflects the opportunity to deliver breakthrough products and services in sectors that have not seen the kind of transformation you would like health, energy, education. Data is the rocket fuel, the active ingredient that powers an apps economy. And I got to tell you we in Washington have lots of it, we have regulatory authority over lots more and we have convening power to encourage even more to be made available so that if we truly believe we are going to see breakthroughs in care delivery, they will inevitably mean that there are products and services that are on the market tomorrow that have not been in use today and those products and services, mark my words, will incorporate data either surfaced from the government nudged by our regulatory tools, or convened out of a private-public collaboration to get that information to the hands of innovators and entrepreneurs.

Margaret Flinter: Well you have also got a great command of language and the phrases like unleashing data are very powerful in their sense of energy and what is coming at us. And sort of in that same vein I think you have tried to really unleash the power of social media as well to be an effective tool for government. You certainly are an expert user yourself. I follow you on Twitter. And we often say, and you tweet quite a bit, we often say that each state is a potential laboratory for innovation and when you were in Virginia, you were known for some innovation such as Ning to communicate with rural providers. Tell us about how you view social media in Virginia, how you are using it in Washington and what do you see the power of this media to also improve health and health care for Americans.

Aneesh Chopra: We ran an innovation fund. The governor had reserved about \$3 million that we allowed agencies to apply for if they had a business problem that they needed to solve and they thought there was a technological innovation that could address it. Well, God bless the commissioner, she had the idea, could we leverage social networking in order to find a way to connect those folks in the rural parts of the state who don't want to travel to Richmond to be a part of a dialogue on what's wrong and what we can do to solve the infant mortality problem. I picked up the phone and I called Ning and a bunch of other social

networks and they said we will waive all of our fees, we would be happy to do this as a collaboration and boom, the next thing you know we had a network set up and the physician community as well as the nurses and the _____ 21:32 all were able to set up profiles and engage and communicate. So it wasn't that we used the technology like a social network and that was the answer to the problem, it's that we had a specific issue, we went after it and we saw when you combine a problem and you have tools to solve it in new and creative ways, magic happens. And this is something that President announced just 10 days ago when we launched the Veterans Job Bank. He asked the American people and employers, all these Iraq and Afghanistan veterans are coming home and they have a higher rate of unemployment than the broader population, what can we do to ensure that we give those folks a chance? So he asked the private sector, will you commit to hiring 100,000 veterans over the next two years or three years? And they responded in droves and said, my goodness, we would be delighted. And here is the problem, how will a veteran find a job posting made available by these employers? So rather than have some big massive government IT project with like a database that everybody had to deposit jobs into, we used the social web, and we facilitated a very open standard, a schema that was called the JobPosting Schema that Google, Microsoft and Yahoo all agreed to do under their schema.org collaboration. It said any job that's published to the web that includes this schema can mark up the fact that it's associated with a veteran hiring commitment. Wherever you are on the web, if you like to publish your job listings on Monster, bless you; you want to do it on yourself on your corporate HR site, bless you. And today, we have nearly one million jobs that the private sector has voluntarily tagged in order to support the discoverability of those job listings by veterans looking to find them. And that kind of light weight no cost simple approach is why we can accomplish I hope modest but hopefully better products and services for the American people in these 90 day increments. And that's the power of social media and it's the power of the social web; you are building on a very robust infrastructure and that's really exciting.

Mark Masselli: Today, we have been speaking with Aneesh Chopra, the United States Chief Technology Officer. Thank you so much for joining us today.

Mark Masselli: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives.

This week's bright idea highlights a food financing initiative in California that's building healthy and economically stable communities.

Really central to our mission to provide access to quality care for underserved individuals is the issue of obesity and addressing diet-related diseases. And clearly having access to healthy food is critical in addressing the issue of diabetes, heart disease and other diet-related diseases.

Mark Masselli: The California FreshWorks Fund is a public-private partnership that provides incentives for food retailers to open up shops in food deserts. These are areas mainly in low income communities of color where residents have little to no access to grocery stores and fresh healthy foods. But the scarcity of food retailers goes beyond health. Poor communities are cutoff from the economic development opportunities that arise from a local grocery store like the creation of jobs, the attraction of other small businesses and the support of surrounding residential real estate values. The FreshWorks Funds provide loans and grants to healthy food retailers and distributors willing to locate in these food deserts around California. So far, investors have joined to provide \$221 million in the fund and FreshWorks says new stores are expected to create and retain around 6000 jobs in California. A scalable model that addresses the problem of food deserts and improves health, sparks economic development, and helps transform underserved communities, now that's a bright idea.

Margaret Flinter: This is Conversations on Health Care. I am Margaret Flinter.

Mark Masselli: And I am Mark Masselli. Peace and health.

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