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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Margaret, we are only a few weeks away from the Presidential election and now the race is a horse race.

Margaret Flinter: And as people look at the choice they have to make to select a President, Mark, it might be a good time to remind folks that they might be selecting the future of health care in America as well. Depending on who wins the election, the health care reform law may be somewhat in jeopardy at least certain elements of it

Mark Masselli: A lot of historians and policy analysts are looking at this selection as the single biggest referendum on a piece of social legislation since FDR's New Deal won the day in 1936.

Margaret Flinter: And I would say Mark it's been kind of a crash course in educating the American public about the health care system and the health care issues over these last months. So it's pretty clear health care, the future of Medicaid and Medicare, will continue to be very important elements of the discussion in this path towards the election as these areas could look very different in the future depending on the outcome.

Mark Masselli: There is quite a lot at stake Margaret. But there are numerous changes underway as a result of the Affordable Care Act and many of these reform initiatives will continue no matter what the outcome of the election.

Margaret Flinter: And our guest today is an individual who can speak to some dramatic and innovative changes underway at the Department of Health and Human Services which is the federal department that oversees Medicare, Medicaid, the Federal Drug Administration and other organizations that have a profound impact on health care in this country.

Mark Masselli: We are going to be speaking with Bryan Sivak, who is the Chief Technology Officer at HHS. Having taken over last year from Todd Park, he is overseeing the department's effort to advance the power of technology and data to improve the health and welfare of the nation.

Margaret Flinter: Mr Sivak has an impressive background having created successful tech startups and he will be talking about the tremendous amount of innovation underway now at HHS using new tools to harness and then liberate health data and make it more accessible to all Americans.

Mark Masselli: And we will also hear from FactCheck.org's Lori Robertson who has a long list of comments made during the recent debates that need correcting.

Margaret Flinter: But no matter what the topic, you can hear all of our shows featuring thought leaders and health reform and innovation by Googling us at CHC Radio.

Mark Masselli: And as always, if you have comments, please email us at [www.chcradio.com](http://www.chcradio.com), or find us on Facebook or Twitter; we love to hear from you.

Margaret Flinter: We will get to our interview with Bryan Sivak 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 this Headline News. The Presidential race is locked in a dead heat, heading into the final stretch of the election. The second of three debates in town hall format this week pitted a more engaged President Obama against an emboldened Governor Romney both of whom focused their attentions on matters of health care; Medicaid and Medicare among many topics covered. No matter who wins in this election, Medicare looms large as a problem that needs attention. The threat of insolvency has to be dealt with at some point in the near future by whomever takes the helm in the next turn and whether the Affordable Care Act stays or goes is also in the balance.

So the companies are **trotting** up the big guns in New York where the mayor's proposed ban on large sugary sodas is poised to go into effect in March of next year. Lawyers representing the soda industry and several restaurant groups in New York have filed suit in the state Supreme Court saying the New York City health department did not have unilateral authority to approve the mayor's proposal banning the sale of sugary drinks larger than 16 ounces in restaurants and public venues. And the reason for the large soda ban, Mayor Bloomberg is adamant in creating public policy that will stem the rising tide of obesity in spite of these Herculean efforts. A report just out from the Robert Wood Johnson Foundation projects that over half of the nation will be obese by 2030 unless a major public health initiative is passed. I am Marianne O'Hare with this Headline News.

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Mark Masselli: We are speaking today with Bryan Sivak, Chief Technology Officer for the Department of Health and Human Services. Mr Sivak recently served as the Chief Innovation Officer for the State of Maryland and as Chief

Technology Officer for the District of Columbia. He got a start in the private sector as an IT entrepreneur and is cofounder of several successful startups including Electric Knowledge which created one of the world's first natural language speaking search engines. Mr Sivak has also been a long time promoter of co-chairing open source methods of expanding IT innovation. Bryan, welcome to Conversations on Health Care.

Bryan Sivak: Thank you very much.

Mark Masselli: You know, your job at Health and Human Services is to harness the power of data, technology and innovation to improve health and well-being of our nation, and you took over from Todd Park who initiated that role and are monitoring everything from health care options for billions of Americans from keeping food safe to infectious disease outbreaks at bay. So tell us a little bit about the programs like HealthData.gov as well as the health data warehouse and how they are helping HHS shift to a more open and transparent government.

Bryan Sivak: Sure. One of the most amazing assets that we have here at the Department of Health and Human Services is really the vast quantity of data. And it's been realized for a while now that this asset really needs to be leveraged to a greater extent. And so as you mentioned a few years ago, my predecessor Todd Park came in and really started focusing on getting this information out to the public, to the entities that could actually take advantage of this, entrepreneurs, insurance companies, providers, anyone in the system actually consumers I mean anybody who touches the health care system at all. We, over the last few years, have undertaken a fairly significant program to liberate this data which really means changing the default setting inside HHS from one of sort of protection of this asset to one of release of this asset. And we have done a great job I think to this point of really changing that default. The I would say most recent manifestation of this is the HealthData.gov website which is sort of the second version of our data warehouse and we are building this actually all on open source technology. We in the next couple of weeks will be releasing our code base to the public on GitHub so that anybody can use this for themselves, contribute code, improve the system itself. But internally the whole idea is that we are making a system that should be easy for people to interact with in order to upload their datasets or the metadata about those datasets so that we can make it available to just about anybody out there.

Margaret Flinter: Bryan, you have said that in the past you had a ton of fun during your early days as an IT entrepreneur but much of what spawned that early innovation was collaboration with peers on how to build these better platforms for data sharing. Now you have shifted your skills to the public sector and you have an opportunity to help government, help innovators which you have euphemistically called an interesting challenge. So tell us about these unique and interesting challenges that you face in bringing public entities and bringing

government into this 21<sup>st</sup> Century exciting world of data sharing and IT innovation.

Bryan Sivak: So the first thing I will say is you should always beware when a geek calls a problem interesting because that's usually code for very, very difficult. But as you mentioned, I started my career at a college basically writing code for a startup that I co-founded and I am a tech entrepreneur at heart. But one of the things I think I realized in this role or in that world I should say is that success is really all about being able to accept risk and learn from mistakes and I think that's one of the biggest challenges in the public sectors is just the willingness to take on risk and the incentives that drive the ability to take on risk.

If you think about the idea of innovation either in technology or in any sense, it requires experimentation. So I think if we want to innovate in the public sector we need to learn how to take some chances. And my job is really to help people assume this risk. The other thing I would say is that governments in general are sort of large somewhat ossified entities that have very established silos and walls between various programs and entities and there is a huge amount of value that's trapped up in those silos. And just from being here at HHS in the first couple of months that I have been on this job I have seen examples of complementary programs that if they were connected and put together we would be able to really drive some change in a big way. We can bring some of these people together, we can break down some of these walls, we can try to change that sort of paradigm that exists here and get things moving in a really positive direction.

Mark Masselli: You have also been engaged maybe at Maryland when you launched the program called Civic Commons which inspired by an attempt to get more interconnectivity between the states and the governments. It seems to me it's sort of a virtual backend for states if you will. Can you tell us more about how Civic Commons Initiative works in sort of the policy behind it and what's the funding mechanism moving forward?

Bryan Sivak: Yeah. So not just within organizations but across jurisdictions, people are working on pretty much the same thing over and over and over again. So if you look at cities, almost every city has to have a certain set of infrastructure that they need to create in order to operate that city effectively. And we end up not doing a good job of sharing some of those things. And you see this repeated over and over again as you go up the jurisdictional ladder. And so really what Civic Commons was it's an attempt to provide a relatively frictionless platform for sharing not just code or applications but also ideas or policies or funding methodologies in order to reduce the initial cost of development, reduce the cost of maintenance going forward, spread good ideas. That was really the intention behind it.

Margaret Flinter: Bryan, it seems as we look back the Obama Administration made a pledge and I think substantially has kept it to continue to work on making government more open and more transparent. And one of the initiatives in keeping with this goal is a partnership between Health and Human Services and the Institute of Medicine to launch the Community Health Data Initiative making the data more available to innovators and entrepreneurs. HHS recently participated in the Health Datapalooza Forum in Washington DC. Tell us about some promising innovations that are growing out of those efforts that were unveiled there.

Bryan Sivak: Sure. So the Datapalooza started a couple of years ago with 40 people sitting in a room in a pile of data and a challenge to come back 90 days later with some interesting applications. It turned out that 90 days later, 2,000 different applications were presented that showed us the potential for utilizing this data that we have. And it's grown ever since. The Datapalooza III that was just held at the Washington Convention Center in June of this year had 1600 people, there were over 200 apps that applied to present; I mean it's really been quite phenomenal. You know, couple of good examples that have come out of this, there is a company called iTriage that we talk about a lot. This is an entity that was started by an ER doc basically trying to use mobile applications to diagnose individuals based on certain symptoms that they were presenting and then they leveraged some of our data in order to help drive people to the right provider at the right time based on the diagnosis of the symptoms. They were actually bought by Aetna recently. They have got 80 people, they are growing, they are doing really well and so that's a great, great example.

Another good example is a company called Humetrix which for those folks out there who have heard of this I think called Blue Button, basically there is this technology that we have been working on in conjunction with the Veterans Administration for the last couple of years which allows people to click a little blue button on a website and get their personal health record. And so what Humetrix did was created an application called iBlueButton which essentially takes this download of personal health data and translates it into a visual representation that's useful for the patient and for the doctor and for whoever else needs to see it.

Mark Masselli: We are speaking today with Bryan Sivak, Chief Technology Officer for the Department of Health and Human Services. Mr. Sivak recently served as the Chief Innovation Officer for the State of Maryland. He was Chief Technology Officer for the District of Columbia and is Cofounder of several successful tech startups. Let's talk a little bit about innovation and it seems to be central to the new paradigm at HHS and in fact the department just announced its 5<sup>th</sup> round of winners in the HHSinnovates Program. And so for the first time, you had a people's choice winner and allowed the public to vote on this. So can you share with us some of the more exciting innovations that came out of this program and also how much participation did you get from the public on this?

Bryan Sivak: Sure. So as you said, this round, we had the first iteration of the people's choice awards which was pretty exciting. We let the world basically vote on the finalists.

Mark Masselli: By Twitter or how did they vote?

Bryan Sivak: No, they voted on the Internet.

Mark Masselli: Oh the Internet.

Bryan Sivak: We had a webpage up on our site. But Twitter is a good idea; maybe we will do that next time. We actually had remarkable participation, it was kind of cool. Tens of thousands of votes were cast so it was really I mean it got a lot of people really involved which was fantastic. One of the winners actually of this round I think the story is pretty awesome. The National Institute of Allergy and Infectious Diseases basically came out with this application they call FreeStuff and it's a really simple idea I think but it's a powerful idea. Basically in the past, you would have a bunch of stuff within the organization that people had bought overtime that were either going to be replaced because they needed newer models or they didn't need anymore. And typically, these things whether it's like a piece of lab equipment or a piece of furniture, would go back into some warehouse in the middle of Maryland to sit there for a while until some government process actually took care of it. These guys realized that just because I didn't need this centrifuge anymore somebody else might be able to use it. And so they put together essentially think of it as Craigslist for government equipment, a website that internal employees can actually look at.

Mark Masselli: Is there actually a big room like Raiders of the Lost Ark at the end where they find the Holy Grail, is that --?

Bryan Sivak: In my imagination, yes. And I hope that somewhere on one of those shelves is an ark. But yes, I mean this story to me is pretty cool because basically the idea for this came up literally when this employee of this agency was out for a run one day and it just sort of hit her while she was running that hey this is a great idea. She goes back to the office, recruits a couple of people and in their spare time they put it together. And a little while later, now it's being nominated for the HHS Innovates Program and it wins and it's great. So that's a great example. Another great example I think is the Center for Disease Control's Zombie Apocalypse story; I don't know if you guys have heard of that. But basically they used this marketing campaign of a zombie apocalypse for disaster readiness. And it won because I think it was very unique and different for governments to start marketing from this perspective. But the coolest thing happened to me the other day. I was on an airplane back from San Francisco to DC and I was sitting there the whole flight working, putting my stuff away at the end and the guy sitting next to me, he had seen me kind of working this whole

time and asked me what I did. I told him my job. And he looked at me and says I have one question. I said what's that? He said, what are you guys doing about the zombie apocalypse? It blew my mind right because there is a random guy living in Texas kind of on this airplane who had heard about this stuff and knew some of what we had been doing which probably wouldn't have gotten out there had we not done a program like HHS Innovates. So I think these things really have some very significant effect.

Margaret Flinter: Well Bryan, I have to tell you the zombie apocalypse was a little bit like the Martian Invasion in some communities where people did take it kind of seriously. But those are great ideas. One of the words that keeps coming up over and over in various manifestations is "connect" and this is sort of central to the work that you are doing. It seems connecting such disparate data that is stored and managed by HHS. And when you go to your [www.healthdata.gov](http://www.healthdata.gov) website, there is a nice visual there that links all these programs into a constellation, Medicare, Medicaid, the Center for Disease Control and anybody can access the site and find all kinds of significant health data on numerous topics. So the question to me is who is using the site and who is mining the data? Is it public health officials, clinicians, app inventors? Are you able to glean some intelligence on who is using the data in the public?

Bryan Sivak: Well, we are working on that. I mean we have ton of anecdotal evidence that people across the spectrum are actually using [www.healthdata.gov](http://www.healthdata.gov) and doing interesting things with the information. But we are constantly working on engagement and trying to get other folks and different communities involved. In fact, one of the big efforts that we are undertaking right now is really one of kind of connecting different groups of people that aren't typically -- that don't typically think about health data or think about ways to do interesting things with health data and kind of bringing them into the fold. So I think in the past you really needed to be a subject matter expert to understand a lot of this stuff. We are going to try to make some of these pieces of information more accessible, we are going to try to reach out to developer communities, to entrepreneurs, to venture capitalists, to providers, to any doctor out there; I mean all of these different communities that we want to get involved. We are going to try to broaden the tent a little bit and get more and more folks involved. The neat thing is that since we launched HealthData.gov, I mean we have had hundreds of thousands of visits on the site and we are constantly improving the functionality. We are absolutely open to feedback. I mean one way that I would -- I would stress one thing is that this is sort of I would slap a beta label on this in a lot of ways because we are constantly looking at different things that we can do to make it more usable and more functional, and we are going to be doing some stuff around that in the near future so keep your eyes on it.

Mark Masselli: Is that part of the government's new digital strategy? I know it's focusing on three things making content more accurate, available and secure, and you have been promoting application programming interfaces or APIs which

are tools for building software applications as an important part of that process. So tell us about these APIs and why they are so important securing meaningful use of government health data.

Bryan Sivak: Sure. So basically what an API does is it allows a developer to access content and data in a machine readable but more importantly a predictable way so they can make a functional call to a service and actually get a piece of data back that they expect in a certain format and then they can do something with it because it's in a certain format. You know, in the past, I think developers have had to resort to techniques for example like screen scraping where they literally tried using a program read what's on a screen. And that's obviously a very brittle way to do something because if the format of the display changes then we obviously have a challenge with having to update the program. So there are some great examples out there. I think one really quick one is an app called Healthline that was built basically using APIs that the National Library of Medicine puts out and that's all about basically providing information to consumers, beneficiaries about diseases and conditions and all kinds of stuff like that. And that's just one example I mean there are plenty of other ones. And one of the components of the digital strategy is actually to API enable as much content and data as we possibly can to make this even easier for everybody.

Margaret Masselli: We have been speaking today with Bryan Sivak, Chief Technology Officer for the Department of Health and Human Services. Mr. Sivak continues the department's goal towards more open government and meaningful sharing of public health data so that we can harness the power of data, technology and innovation to improve health and well-being of our nation. You can find out more about these innovation initiatives by going to [HealthData.gov](http://HealthData.gov). Bryan, thank you so much for joining us on Conversations on Health Care today.

Bryan Sivak: My pleasure. Thanks for having me.

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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](http://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, Mark and Margaret, this week we will look at Mitt Romney's plan for preexisting conditions. The Obama Campaign has repeatedly said that Romney was wrong when he claimed at the first Presidential debate that his plan covered preexisting conditions, and we mostly agree with the campaign's criticism. Romney implied that he would keep the provisions of the Affordable Care Act which guarantees access to coverage for all regardless of



pre-existing conditions and regardless if the person had been uninsured previously. But later, the Romney campaign explained that he was talking about protections only for persons who had had continuous coverage. Now the 1996 HIPAA Law did get protections to those with employer-sponsored coverage. Those workers can't be denied coverage, they can't be charged more and if they have had previous employer-sponsored coverage, they get a waiver from any kind of exclusions to preexisting conditions. But those going from an individual market plan, people who buy coverage on their own to another individual plan, they don't have those same protections. So Romney could extend federal regulations for those individuals with continuous coverage that means no gaps in coverage longer than 63 days. His campaign told us that he would extend federal HIPAA regulation but did not offer specific details. 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](http://www.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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Mark Masselli: Each week, Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. The nation is battling an obesity epidemic and it's hitting our children especially hard. Turns out the very thing perceived to be one of the causes, the sedentary pass time of sitting in front of a screen playing videogames could provide a great solution. The folks at HopeLab have cooked up another videogame aimed at improving kids' health. They are the same folks who created Re-Mission, a videogame designed for kids with cancer to attack their cancer. Now comes Zamzee, a competitive videogame designed to get kids moving. HopeLab's VP and Communications Director Richard Tate says it's a pretty simple concept, equip kids with a movement monitor which they plug into their computer at the end of the day and compete against other kids on how much they moved that day and there are rewards for each kid based on their level of activity.

Richard Tate: The Zamezee website uses sound principles of motivational science to get kids moving more. And the experience online is built in with a number of intrinsic rewards features like positive game-like experiences where they experience success and feel competence and mastery for moving around and that kind of positive experience keeps kids moving overtime.

Mark Masselli: And as with their game Re-Mission, when kids compete with a large population, they are more inclined to want to succeed.

Richard Tate: And there is a sense of discovery and excitement to see how many points you have earned for doing any number of activities whether it's walking the dog, walking to school, even doing chores, or just running around with friends. And then with Zamzee, those points actually power your online experience and points allows you to compare and compete with others on the site, and it actually can help earn you reward that keep you engaged and keep you moving.

Mark Masselli: And the results are significant. Kids playing the Zamzee videogame moved an average 60% more per day than kids in the control group that didn't have the game at their disposal. A simple movement monitor connected to a competitive videogame that could motivate millions of kids to move more during the day, now that's a bright idea.

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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 WESU at Wesleyan University, streaming live at [www.wesufm.org](http://www.wesufm.org), and brought to you by the Community Health Center.