

Keith Boone, Interoperability Guru for GE Healthcare

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

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret Pres. Trump met with the nation's governors this past week and got a pretty unvarnished assessment from a number of state executives on what should be done with the Affordable Care Act. The president apparently sat down with former political opponent Ohio Gov. John Kasich.

Margaret Flinter: Well Mark I understand that Gov. Kasich was pretty insistent that the president consider the collateral damage to health care coverage and certainly inherent to that the damage to many state budgets if there is a swift repeal or defunding of the Medicaid expansion along with other aspects of the health law. And it might have struck a nerve because during that meeting a number of advisors were called in including HHS Sec. Tom Price many of whom will have a direct hand in shaping future health policy under the Trump banner.

Mark Masselli: Gov. Kasich reportedly said that the president listened very carefully to what he had to say and that the president had a "very positive response".

Margaret Flinter: So we will see how all of this influences the discussion of repeal, replace or improve of the Affordable Care Act and health reform generally as we go forward.

Mark Masselli: Our guest today though is an expert in the completely different approach to improving healthcare Keith Boone is the Interoperability Guru for Health IT at GE Healthcare.

Margaret Flinter: And he has just returned from this year's HIMSS conference one of the largest international gatherings focused on the rapidly growing realm of health information technology. And we should have some very useful insights into the potential for health IT while we all seek what we call the Holy Grail of true interoperability of health records.

Mark Masselli: Lori Robertson also weighs in the Managing Editor of FactCheck.org examines misstatements spoke about health policy in the public domain.

Margaret Flinter: And no matter what the topic, you can hear all of our shows by going to chcradio.com or find us on Facebook or Twitter because we love hearing from you. And we will get to our interview with GE's Interoperability Guru Keith Boone in just a moment.

Mark Masselli: But first here's her producer Marion O'Hare with this week's headline news

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Marianne O'Hare: I am Marianne O'Hare with these healthcare headlines.

The president has had his say on the future of health care that is addressed to the joint session of Congress the short of it changes are in store for the Affordable Care Act in addition to the president's proposal a leaked version of the GOP Health Reform Bill has revealed a few things that may cause concern for millions of Americans under the age of 65 even as get insurance coverage through their employers. Speaker Paul Ryan's proposals would cut a number of things primarily phasing out Medicaid expansion by 2020 replacing it with a block grant approach capping the amount of money spent on each individual patient.

Also on the chopping block the essential benefits coverage that was required under Obamacare no co-pays for host of preventive screenings and primary care visits, no co-pay for birth control etc and also mandatory care for mental health and addiction issues under the GOP plan insurers would not be required to cover all those things. And attacks on medical devices, health insurance plans and tanning beds would also go away as well as a \$4 billion tax on the pharmaceutical industry those taxes were put in place to offset the cost of paying for the Affordable Care Act. And perhaps most concerning for many older Americans not yet old enough for Medicare removal of the provision that blocked insurers from charging more to older folks who are generally sicker. Former Congressman Patrick Kennedy is concerned about what the current health reform efforts will do to mental health and addiction services coverage in the US, Kennedy did not seek reelection after his own battle with addiction came to light he seems he is focused his efforts on promoting mental health parity as well as addiction support. Kennedy has recently teamed up with Former Congressman Newt Gingrich and activist Van Jones to battle the opioid crisis, now the leading cause of accidental deaths in this country.

Anti-biotic resistance is poised to become the world's leading killer by the year 2050 the World Health Organization just released its list of most deadly bacteria to be on the lookout for among the most dangerous bacteria known today are those that cause tuberculosis and bacteria responsible for gonorrhea for which there is almost no known treatment left that works, the World Health Organization urging global pharmaceutical industry to accelerate the pace of research in this critical area.

And it's long been a problem prescriptions and the lack of compliance is estimated about 50% of those who received prescriptions don't follow the protocols for those prescriptions giving rise to bad outcomes. Researcher solicited more than 50,000 participants giving them one of three kinds of reminders of pill bottle cap with a digital timer a standard pillbox or no special gadget, and then they tracked their prescription refills and found that the interventions really didn't do much at all. The researchers found patients who don't have solid routines around medication taking don't benefit all that much from these additional cues suggesting a more effective intervention might be needed, how about a spoonful of sugar to help the medicine go down!

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Mark Masselli: We are speaking today with Keith Boone Interoperability Guru for GE Healthcare, in his role Mr. Boone oversees the architecture for GE's value-based product lines ,a longtime member of HL Seven International Board and advisor to the Office of the National Coordinator for Health IT. He is an author and editor of over two dozen books on standard guides including the CDA Book which examines the HL Seven Standards for clinical documents. Mr. Boone has contributed significantly to the advancement of interoperability of healthcare products around the world, he earned his Master's of Bio Informatics at Oregon Health and Science University, Keith welcome to Conversations on Healthcare.

Keith Boone: Thank you.

Mark Masselli: Keith you just returned from one of the largest gatherings of health information technology professionals the HIMSS Conference where there were thousands of experts in the field, a number of large stakeholders. And each year they discuss trends and opportunities to improve utilization of health information through electronic and digital platforms. What were some of the more significant takeaways from this year's event and what in your view are some of the more significant remaining barriers to interoperability?

Keith Boone: There is a big paradigm shift coming in interoperability that has to do with API requirements in current regulations that EHR systems need to follow starting next year. And so you can see that in both the different standards organizations that I've been working with and where the vendors who build those systems are putting their efforts. Over the last few years two of the ACAs [PH] that I've been working with very closely have been focusing almost all of their attention on APIs. The stuff that is been relying on pre-API interoperability paradigms getting less attention the API work gets a lot easier for vendors and implementers to use. And so that's going to flow down to users of healthcare providers for using health IT and also their patients, so you are going to start to see that coming out of a lot of product later this year because of a regulatory deadlines to have that before we get into 20A team [PH] where MIPS and MACRA comes into play. What we are going to still see is barriers, is the ability for anybody other than the healthcare provider to write data to the patient records so the first round of APIs that are coming out enable others to read the data and be able to really start to move it in a very big way. But we are going to see some catch up as people start to figure out, well okay now that we have all these APIs who do we let start writing to the record and how?

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Margaret Flinter: Well Keith that sounds like kind of a good news and maybe not 100% so good news scenario and you have certainly been involved in setting standards for Health IT both in United States and globally through your work with HL7 and with the Office of the National Coordinator. We had HL7's CEO Charles Jaffe on the show last year talking about the enormous challenge organizations have been facing and building easily deployable and expandable IT infrastructure. And one thing we would like to ask you about his how are emerging standards like FHIR advancing interoperability and how's the industry responding to a new tool like that?

Keith Boone: So there's a joke that we have about a lot of different expert based professions you know doctors, lawyers, computer architects you get three of them in the room you wind up with four opinions, right. It's hard to build things when everybody doing the work has to be an expert, there's all this complexity that you have to deal with and so the work that HL7 had been doing on their HL7 Version 3 standards was just that kind of thing. CDA standards simplified a lot of that for us and we launched a lot of the work that we were doing in interoperability because eliminated a good deal of that complexity but when will look at something like HL7 FHIR which is the emerging APIs that's nearly the rest of it. So there's fellow by the name Grahame Grieve who works at HL& as a product manager for FHIR who took the lessons learned from what we've been doing over the past decade. And many of the simplification effort and alternatives that spawned [PH] directly into FHIR and he showed everybody how experts could just not apply their knowledge to make complicated stuff work but actually hide the complexity for developers. And so once you get the developers and implementers working on this stuff, the implementation space became something that non-experts could do, and that's reduced a lot of the nonessential complexity that it possible really for high school students to play with APIs and learn how to build apps in the healthcare space.

Mark Masselli: Well maybe high school students are playing with them but physicians, nurse practitioners and the others are having a lot of difficulty, you know just sort of as a frame of reference back in 2009 the HITECH Act passed tens of billions of dollars are given out to the industry to move over to electronic health records along the way to continue to receive those dollars you have to get the meaningful use criteria. But then you have got these large forces the American Medical Association really pushing back on this because they say we simply aren't able to make good use of the data they are generating. Where is the disconnect between that clinicians' adoption of health information technology and their ability to meet meaningful use?

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Keith Boone: So it's interesting. What you have to look at is what those who are successful have done with the data to understand it you need more than just a availability of data, the data you're working with needs to be accurate, appropriate, but most of all it needs to be actionable. And so there's these steps between generating data and producing outcomes so as we talk about a learning health system data doesn't just produce outcomes you have got to do a lot more. You start off getting the data so you can learn what's going on, once you learn what's going on now you can start to act in action is what produces outcomes. So the organizations that are actually figuring out how to use the data to act are the ones that are being successful. You need health IT's and necessary infrastructure to build that system, data isn't the answer, but the answer is in the data. You have to start with some sort of analysis or synthesis to show the relationships of data to outcomes you do that with analytics but you can't just like get the information in the learning now you need to act. And to act is to change, anyone who's been through change management course going to tell you change is hard.

Margaret Flinter: Right. Well I think I am going to have to remember this quote that data is not the answer but the answer is in the data, and in healthcare a lot of the answers may come with technology but not necessarily so. But some that we follow with great interest are telehealth and telemedicine, remote patient monitoring, precision medicine, artificial intelligence tools. And the structures of all of our healthcare organizations are changing as well certainly with the growing focus on value-based care and Affordable Care Organizations, what health market trends do you think are the most poised to facilitate improved outcomes, better healthcare and better value and where does health IT come into play with all that?

Keith Boone: So one of the big changes that you talked about accountable care, right, that's coordination between providers and the payers getting different stakeholders engaged in a way that's going to improve outcomes. So you have public health and providers working together, you have providers and payers working together and that is the thing that's really going to change. But when we move away from sort of these distinctive little silos and start working together as a system that's what's going to make the outcomes happen, and health IT comes into play because it's that technology that enables the data movement between all of the different stakeholders.

Mark Masselli: We are speaking today with Keith Boone, Interoperability Guru for GE Healthcare, in his role Mr. Boone oversees the architecture for GE's value-based product lines, a longtime member of HL7's international board. Keith, one of the conversations that loomed large at the HIMSS conference was the uncertainty in the health industry around Trump administration's next steps regarding health reform as well as the repeal and replacement have been in Congress and many participants said

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that in spite of the shifting political landscape value-based care and growth in the health IT space will require bipartisan support. And I think we've certainly had many people on the show who have advocated that we need to move forward with both sides of the aisle, what are your thoughts about the political changes in how they might vote for the IT world?

Keith Boone: So the health IT laws and regulations that come out of the HITECH Act that were written in the law at the beginning of the Obama Administration were taken verbatim from an executive order that came out four years before in the Bush Administration. And that language comes in large part from the prior decade of bipartisan work and so health IT people understand and agree needs to advance to help us all solve the problem. So while we see lots of discussions around policy change, we haven't seen people complaining about what HITECH has been doing or has accomplished. And whether or not ACA is repealed or rewritten or remains largely unchanged, the focus on using health IT to reduce costs to something that everybody is going to continue to agree on and will remain.

Margaret Flinter: Well Keith in your very popular Twitter feed I think it's @motorcycle_guy you have recently posted a very interesting quote from HIMSS a 165 million wearable devices are in the global marketplace now and yet virtually none of them are connected to the Electronic Health Record and Patient Portal still pose a challenge for many patients and also their providers. So how can developers bring together wearable devices and Patient Portals?

Keith Boone: So I think portals are a dead-end they are other passages to data that is simply parked somewhere portals don't really move data they just sort of give you a way to get to data that sitting still. What's interesting to me in APIs is what APIs enable not only for just providers but for patients so I want my data and I want my data to come to me and I want to be able to use that data just like providers want patient data to come to them and they want to be able to use that data. And so data that moves is data that adds the greatest value and since we see health IT changing to deal with that the applications that move the data the networks that enable that movement are going to be the biggest winners.

Mark Masselli: You know the shift to electronic and digital platforms has also led to a significant spike in health system hacks, this is an area with no simple solution, what in your view needs to happen to improve health data security and are we missing a fundamental piece of the cyber security infrastructure?

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Keith Boone: Security is tricky and it's an area that I leave to experts but I will say that this isn't just a health IT problem we're simply more sensitive to it because of the legislation or regulation we operate under. But the problems we're seeing in healthcare are appearing throughout IT in general, right, you look at it hacks and leaks they're not just affecting health IT you have major corporations losing tons of customer data. Fundamentally, right, we're all using the same Internet to move data around and that Internet was built on standards developed in 1960 and we've added layers upon layers to deal with security over the years. There was a time when you first got on the Internet you'd never use your credit card, I can ask you the question how many of you have bought something on the Internet in the last week, and I think everybody would probably say yes. We gone the Internet to the point where things were secure enough that we felt good using a credit card purchasing we're going to get to the point where we learn how to secure the data and prevent the hacks etc. And the way we learn is occasionally we make mistakes and we see that things happen people are out there they are working on addressing this. There are new security technologies that are getting put into place and their advancements to Internet technologies that really need to get applied this is an area where the healthcare space can't be laggards behind the rest of the IT industry in adopting new technologies to secure the data.

Margaret Flinter: We've been speaking today with Keith Boone Interoperability Guru at GE Healthcare where he oversees the architecture platforms that promote health data interoperability. You can learn more about his work by following his blog on Healthcare Standards motorcycleguy.com or follow him on Twitter @motorcycle_guy or follow GE's work in this space at GE Healthcare. Keith, thank you so much for joining us on Conversations on Healthcare today.

Keith Boone: Thank you.

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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: President Donald Trump made the curious claim that "Obamacare covers very few people" in fact the number of uninsured Americans has fallen by 20 million since the healthcare law was enacted. That's according to the National Health Interviews Survey published by the Centers for Disease Control and Prevention. Trump

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made the claim in a speech to the Conservative Political Action Conference and went on to say that it was necessary to “Deduct from the number all of the people that had great health care that was taken away from them”. The latest CDC report shows that the number of uninsured Americans of all ages decreased from 48.6 million in 2010 -- the year the ACA was enacted -- to 28.2 million for January through September 2016.

The country now has the lowest uninsured rate on record, 8.8%, the rate was 16% in 2010, and it has been declining every year since. The number who selected an insurance plan through HealthCare.gov during the open enrollment period that ended January 31 was 9.2 million and another 2.8 million signed up on the 12 state-based marketplaces as of December 24 and then there’s the expansion of Medicaid which 31 states plus Washington D.C. have implemented.

Trump referred to people who had their health care taken away from them. In 2013 some Americans received cancellation notices for their specific individual market plans that no longer met minimum benefit requirements under the ACA. An Urban Institute study from December 2013 estimated the number getting such notices at 2.6 million, a RAND Corporation study from 2015 found that the vast majority of those with individual market insurance in 2013 were still insured in 2015.

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. Well more than 20 million Americans have gained coverage under the Affordable Care Act, some 30 million remain uninsured and many of these are either immigrants or without the resources to purchase coverage. While most can access primary healthcare in the nation’s community health centers and safety net hospitals, many more with complex conditions simply can't afford to access to specialty care. Entrepreneur Jayanth Komarneni decided to create a virtual way to bypass the system and founded the Human Diagnosis Project. A network of volunteer specialist around the country offering virtual consults for the neediest patients.

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Jayanth Komarneni: The Human Diagnosis Project is an online system built by the worlds' doctors to understand the best steps to help any patients. We realize that there is an opportunity to develop a system that can ultimately help solve the problem for those people who won't have access to specialty care.

Margaret Flinter: Dr. Shantanu Nundy is the Director of the Human Diagnosis Project.

Dr. Shantanu Nundy: The way this system works is safety net providers can freely exchange electronic consultations with volunteer specialists from around the country so that the expertise that those specialists have becomes available.

Margaret Flinter: It's estimated that roughly 35% of specialists visits can be done virtually. The Human Diagnosis Project offers an opportunity to create real savings in the healthcare system while effectively bringing treatment to millions that are most vulnerable.

Jayanth Komarneni: So there is a very real and large portion of situations in which providing an electronic perspective on that given problem will actually solve that problem for many patients.

Margaret Flinter: The Human Diagnosis Project has earned recognition as a finalist in the McArthur Foundation's 100&Change competition, a free online portal making safety net providers serving underserved population to specialty care expertise, improving outcomes for millions of uninsured and vulnerable patients and improving care outcomes in the process, 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.

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