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Mark Masselli: This is Conversation on Health Care, I am Mark Masselli.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Well Margaret, there have been more twist and turns surrounding health policy this summer than a boomerang rollercoaster at Six Flags. The Senate's recent marathon to end Obamacare came up one vote short after no small amount of high drama over the Senate repeal-and-replace efforts.

Margaret Flinter: A marathon vote-a-rama took place in the Senate after Senator John McCain cast a decisive vote to allow the discussion on the GOP replacement bill to continue, recently diagnosed with an aggressive form of brain cancer, many viewing the timing as ironic considering the bill would take health care away from millions of Americans.

Mark Masselli: After a whirlwind couple of days of discussion it was clear that a handful of female Republican Senators were holding steadfast to their conviction and they were certainly vowing not to support the GOP proposal which would have led to a real loss of insurance coverage for tens of millions of Americans.

Margaret Flinter: And once again, it was Senator John McCain who caste the deciding vote. Joining ranks with Republican Senator Susan Collins of Maine, and Lisa Murkowski of Alaska, they all voted no on the Senate bill and essentially killed the effort. The GOP effort to kill Obamacare has signaled yet another victory for supporters of the Affordable Care Act which has certainly run a gauntlet of legal and legislative changes almost from the moment it was passed.

Mark Masselli: And there is now a bipartisan group that has formed in the house, 40 house members joined the so called the Problem Solvers Caucus. They're working on a variety of legislative fixes for the Affordable Care Act which both parties agree is called for. It will be interesting to see what outcomes this bipartisan effort has, Margaret.

Margaret Flinter: And in the meantime, the health care industry continues its transition into the digital world and there are some serious growing pains around health information technology and that brings us to our guest today. Dr. Don Rucker is the National Coordinator for Health IT at the Department of Health and Human Services.

Mark Masselli: He brings tremendous cache to the position and we're looking forward to that conversation.

Margaret Flinter: Lori Robertson will stop by, the Managing Editor of FactCheck.org, but no matter what the topic you can hear all of our radio shows by going to www.chcradio.com.

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

Margaret Flinter: We will get to our interview with Dr. Donald Rucker 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 these Healthcare Headlines.

Bipartisan seems to be underway in Washington. In the House of Bipartisan group some 40 lawmakers have been meeting privately to hash out workable solutions to some of the lingering problems with the Affordable Care Act. The so-called Problem Solvers Caucus is signaling a willingness to reach out across the aisle for policy initiatives that stand a chance of making it through the legislative process, their first order of business stabilize the insurance marketplaces across the country. The Trump Administration has threatened to cut off the cost sharing subsidies already in place for this year's insurance purchasers. The insurance industry has been lobbying hard against cutting off those funds, meanwhile Republican Senator Lamar Alexander said his committee would begin bipartisan hearings on stabilizing the individual health insurance market the week of September 4th and urged fellow lawmakers to fund the cost sharing subsidies for at least another year.

For the first time in history the Food and Drug Administration is planning to regulate and reduce the amount of nicotine in cigarettes to levels they deem non-addictive. The target reduction is 95%. Studies have shown smokers given less potent cigarettes did indeed smoke less and showed fewer signs of addiction than smokers using conventional cigarettes.

I'm Marianne O'Hare with these Healthcare Headlines.

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Mark Masselli: We're speaking today with Dr. Donald Rucker, the National Coordinator for Health Information Technology at the Department of Health and Human Services. He previously served as a Clinical Professor of Emergency medicine and biomedical informatics at Ohio State University and was Chief Medical Officer at Siemens Healthcare USA. He started his informatics area at

Datamedic Corporation where he co-developed the world's first Microsoft Windows-based electronic medical record. Dr. Rucker earned his undergraduate degree at Harvard College, his MBA and Master's in medical, computer science at Stanford, and his medical degree from the University of Pennsylvania School of Medicine. Dr. Rucker, welcome to Conversations on Health Care.

Dr. Don Rucker: Thank you, appreciate it.

Mark Masselli: You know I think it's fair to say we love talking to the coordinators for ONC. We've had Vindell Washington on, Karen DeSalvo, Farzad Mostashari, and going back to David Brailer 13 years ago when President George W. Bush created the office. And there has been so much that's happened in our world, now you sit in that seat and I'm wondering if you could talk about the current state of health IT in this country, what you want to accomplish in terms of reducing physician burden or enabling consumer access to their data.

Dr. Don Rucker: Yeah I think when we sort of look at the timeline marks that you have just outlined, most clinicians, almost all hospitals have the records electronically. There are really two big issues that have percolated up, Congress with the Cures Act that's top of mind for Secretary Price, and one issue is just these systems are difficult to use, part of which is an EHR issue, part of which is really the broader surround. The second issue is people sort of thought that all of this would sort of electronically communicate right. Our smartphones communicate a lot better than it has. This is something that in the IT world we call interoperability, so that burden reduction, usability and interoperability are really the two big go forward challenges that you know we're focused on.

Margaret Flinter: Well Dr. Rucker, you've experienced these inherent challenges of Health Information Technology from a lot of different angles certainly as a practicing ER physician and an internist I understand. As a technology developer you have made your mark on the corporate side, all big accomplishments. So you have had a very front row seat at all of these intersecting points in the health IT landscape, what are these inherent design challenges in building high functioning health IT systems and how will that experience and that knowledge inform your efforts at ONC?

Dr. Don Rucker: So I think there are many, many sort of usability issues that sort of get wrapped up in the colloquial I hate my EMR, some of which just starts with interfaces, rules, including some of the meaningful use rules. A lot of it is around reimbursement, what does it take to code a level 4 or 5 visit; quality reporting is a big new one. Everybody says well I can use my ATM card in pick your remote corner of the world, but ultimately that's a number. That's a relatively straightforward thing to compute about. We are talking about human biology which as we know from DNA sequencing is inherently unique. So when you look at interoperability I think we have had some good progress in data originally generated by a machine, so data for example from lab analyzers, CAT scanners

or MRI that type of information I think we have had a pretty good run on, data that requires human organization, a problem list. So I think that's -- think about the interoperability and then of course with interoperability you are solving for technical issues, you are solving for workflow issues all simultaneously, the problem is they sort of have a multiplier effect.

Mark Masselli: Dr. Rucker, the Office of the National Coordinator is tasked with a pretty heavy lift, helping the industry build interoperable, private and secure nationwide health information infrastructure and you can say that if we're going to achieve that goal we need to strip away various regulations and reporting requirements that overburden health care providers. I'm wondering how easy is that burden to reduce while at the same time improve capacity for a better flow of health data.

Dr. Don Rucker: So one is the documentation concerns and how might one address those. The second is the interface API concerns for institutional accountability.

Mark Masselli: Yes.

Dr. Don Rucker: We're working heavily with CMS to try to reduce provider burden. I think it's worth understanding for people though a lot of these things, including for example even the level 4 and 5 codes, came because of Medicare's fiduciary responsibilities to avoid fraud and abuse and I think we just have to understand there is a yin and a yang to these regs. I think HHS has to balance those two things.

Margaret Flinter: Well Dr. Rucker, you had a recent press briefing and you've noted at it that while the standing mission still remains intact at the Office of National Coordinator there are two pieces of legislation that will provide important guide posts for your efforts moving forward. One is the passage of MACRA and the other is the 21st Century Cures Act which earmarks I think almost $7 billion for cancer research, more rapid drug and device development. Talk with us about these initiatives and how you envision them shifting the landscape as well as the mission at ONC.

Dr. Don Rucker: The MACRA Law is the law that replaces the annual [inaudible 10:09] this puts that on to a more permanent basis. It also took the outpatient Medicare meaningful use and wrapped it into the merit-based incentive program provisions of MACRA. There the issue really becomes how do medical records support quality measure reporting that Congress has passed a number of laws over the years and moved from volume to value in payment. The concerns there of course are there are some different regulatory requirements, there are some complexities in reporting so that's the MACRA part of the side of ONC's responsibility. The 21st Century Cures Act has a number of different provisions. I would say the big areas for the Office of the National Coordinator are definitions

of what is interoperability, what is information blocking and what are open APIs. So API is Application Programming Interface and that is really the software front-end if you will or the software door into a system's data, and mind you like real doors there are keys and security and authentication, and the fact that it's a door doesn't mean you just get to enter, but it is a door with a computable address. So those are big things in the Cures Act, each of those things needs definitions because there is lot of complexity as you can sort of tell.

We're really working off of three use cases there. One is can patients, individual consumers access their medical record by just pointing their app at their provider's URL and with the appropriate authentication get their data for themselves, right, you know to always get your data by logging on to a provider portal that may also tie you into providers where you would potentially want to be able to get providers to compete for your business. The second use case is since most care in US is actually not purchased by individuals but purchased in large amounts by companies, agencies, can they with contractual protections get data efficiently from providers in volume, right. So if I am xyz motor company and I would like to see the quality of care at five hospitals can I get that or do I have to go in and try to sign something for everyone, have a huge amount of work to do that. With open APIs you should be able to do that. The third use case is just really the details of what an open API is. I would encourage your listeners to think of them in sort of two classes. The first class is simply what does that look like on a vendor, right. So if you buy your software product from a commercial vendor what does the ability to have an open API look like and then what does that look like from a provider. So if I'm a practice, I'm a hospital and somebody says where is your open API, what does that look like, so that's how we're working through both MACRA to start with and the Cures Act.

Mark Masselli: We're speaking today with Dr. Donald Rucker, National Coordinator for Health Information Technology at the Department of Health and Human Services. You have noted health care needs to take a more Silicon Valley approach to developing systems and we spend a lot of time, a lot of effort and I think many providers would still feel it's more like death valley rather than silicon valley and I'm wondering if you could just---

Dr. Don Rucker: The harshest comparison they probably drew.

Mark Masselli: Unfortunately I think we -- and I am wondering if you could describe the trajectory that you see by engaging that ethos into your approach.

Dr. Don Rucker: Health care doesn't really sit in a competitive market economy. Over the last 50 odd years of Medicare we've entirely decoupled what would in microeconomics be efficient decisions. So when Medicare started setting prices, every single part of the efficient frontier of providing goods and services was uncoupled from efficiency, so when we look at let's say a Silicon Valley kind of thing we are looking at it from a very, very funny historical perspective, we're not

really looking at it from a pure market the way that Uber or a Facebook or a Google. We're looking at it from this funny kind of policy-generated world, right, because the deficit is fundamentally the lack of market information through market prices, but when you look at the Silicon Valley approach, a lot more small mobile devices, a lot of creativity about how things are being put together. One example might be Google Maps. If you look at the number of apps that you have on your smartphone that somehow use Google Maps, somewhere on there whether it's a hotel or finding a bank where mapping tools come in, right, so they're pointing to a URL and they're getting a map back, right. So that's an open API in a Silicon Valley sense.

Now obviously in health care there will be some authentication. There would actually be a contract, but if it's something flyway, patients should be able to access it and deal with it as they desire. Right now I think there is a divide where you have lots of health apps designed by Silicon Valley, but almost none of these actually have access to what I would call medical data, right. Yeah they can access your Fitbit but if you are a 65-year-old with four or five comorbid medical conditions what you really want to access is your clinical information and you know we're not seeing that in the apps space.

Margaret Flinter: Well Don, you do hold a very unique role. One, you have to build a better health IT infrastructure for the country and providers and institutions, but also really help patients better navigate the health IT world. Tell us about maybe some of the initiatives that you see really having an impact on the consumer user experience.

Dr. Don Rucker: Well I think Congress I think is trying to get people back into the spirit of shopping for health care, and private payers are sort of almost being forced to do the same thing as well. And we see this with high deductible health plans where collectively anybody who is private sector employer has higher deductibles and greater personal out-of-pocket risk. Right now it's very difficult for consumers to shop because I think for a variety of reasons, pricing is not transparent, but as people shop and ask there will be some progress made there. So I think on the consumer side it's really the need and the incentives to shop with your high deductible health plan. You know consumer behavior is pretty powerful, America is built on it. I mean you look at the entire brick and mortar landscape, totally physically transformed by electronic shopping. I mean every mall in America looks different. Airlines, banking, pick your industry, all of these have been transformed, so I think health care is ripe for that.

The other part that's out here of course are API standards that make this easier to write code against some of these EMRs. Every EMR has some internal representation, right? There is no general global model of what all clinical data looks like, so nobody knows everything in the health care. So every system represents the internal data differently. What can we do about uniformity of some of these interfaces to get part of that information out, that's the way you are

going to be able get real clinical information that fields [ph] insights, decision support and can support consumer behaviors.

Mark Masselli: You know I was thinking Don as you were talking earlier about the doors and reminding people that they weren't necessarily doors that you can just easily get into, but the fact of the matter is what we're seeing around the globe is that there are enormous breaches of health IT systems and the recent WannaCry Malware attack crippled the National Health System in the UK and there are many other examples, and I guess I think they're wondering how prepared is the United States health system to deal with this issue of data privacy and security.

Dr. Don Rucker: You know I tend to think of security more broadly than health care because there is lots of valuable data so I try to think of it more from a computer science point of view. And so when you do programming, when you setup systems, it is really a cat and mouse game. I mean there is just inherent tension between good and evil there, but I think there are number of various solid practices on data, on encryption. I mean we know a lot about security and when you look at a lot of the ransomware, those things are going into known breaches, but again we I think collectively have to keep our guard up and make the investments in these systems and the system designs to really protect the information, but I don't think there is a magic bullet here.

Mark Masselli: We've been speaking today with Dr. Donald Rucker, National Coordinator for Health IT at the Department of Health and Human Services. You can learn more about their work by going to HealthIT.gov or follow them on Twitter at onc_healthit. Don, thank you so much for joining us on Conversations on Health Care today.

Dr. Don Rucker: Thank you.

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: President Donald Trump said on Twitter that "Bailouts for insurance companies would end very soon if Congress didn't pass the new health care bill." Senator Susan Collins said the payments aren't a bailout "but rather help people who are very low income afford their out-of-pocket cost." Trump actually distorts the facts in calling them bailouts. These payments which do go directly to insurance companies, are made to reduce out-of-pocket costs for those who earn between 100% and 250% of the Federal poverty level and they are different from the premium tax credits that reduce monthly premiums for

those earning between 100% and 400% of the poverty level. Those eligible for premium tax credits can choose to receive the credit in advance or claim the credit the following year on a tax return or a combination. The cost sharing subsidies meanwhile are only available in advance. The payment goes to the insurers to lower the out-of-pocket cost including deductibles, co-pays and coinsurance. Those who qualify, automatically get a choice of plans that include those reduced out-of-pocket caps. The Centers for Medicare & Medicaid Services said that 10.3 million people had signed up and paid for a marketplace plan early this year and 57% of them received cost sharing subsidies. 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 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 Health Care.

Mark Masselli: Each week Conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. For all the people in the world without limbs, acquiring prosthetics can be costly and out of reach. It's especially challenging to make prosthetics for children since they're in constant state of growth. Rochester Institute of Technology scientist Dr. Jon Schull stumbled upon a clever and affordable solution, provided online open source templates to anyone anywhere in the world who has access to a 3D printer and provide prosthetic hands for next to nothing. So he founded the e-NABLE network which has massed thousand of volunteer makers providing cheap but functional prosthetics for children in need.

Dr. Jon Schull: I think we're currently pushing 5800 identified members in our Google Plus community. We know that we've delivered about 800 hands devices.

Mark Masselli: The simple limb designs have become more sophisticated as recipients of the prosthetic devices provide feedback for designers to make more efficient devices.

Dr. Jon Schull: We're still working on opposable thumbs. These things grip or ungrip that's all they do, but for kids it's huge and you know our hands don't even pretend to look like regular hands, they look like superhero Iron Man hands and for that very reason they're very popular with kids.

Mark Masselli: e-NABLE, a global collaborative network of open source designs linking to makers with 3D printers to provide low cost prosthetic limbs to children and adults around the world, now that's a bright idea.

Margaret Flinter: This is Conversations on Health Care, I'm Margaret Flinter.

Mark Masselli: And I'm Mark Masselli, peace and health.

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