

Moderator: Welcome to Conversations on Healthcare, with Mark Masselli and Margaret Flinter. A show where we speak to the top thought leaders in health innovation, health policy, care delivery and the great minds who are shaping the healthcare of the future.

This week Mark and Margaret speak with Dr. Andrea McGonigle, National Managing Director of Health and Life Sciences at Microsoft where she leads a team dedicated to building new approaches to enhancing patient engagement and improve access to care, patient outcomes and cost. She says interventions are developing that will help accelerate the transformation of healthcare.

Lori Robertson also checks in, Managing Editor of FactCheck.org looks at misstatements spoken about health policy in the public domain, separating the fake from the facts. And we end with a bright idea, that's improving health and wellbeing in everyday lives.

If you have comments, please email us at [www.chcradio@chc1.com](mailto:www.chcradio@chc1.com) or find us on Facebook or Twitter, iTunes or wherever you listen to podcast. You can also hear us by asking Alexa to play the program Conversations on Healthcare. Now stay tuned for our interview with Microsoft's Andrea McGonigle, here on Conversations on Healthcare.

Mark Masselli: We are speaking today with Andrea McGonigle, Managing director of Business Development for Health and Life Sciences at Microsoft, where she leads a division committed to improving patient engagement strategies and Cloud compliance. Prior to joining Microsoft she was the Manager of Enterprise Collaboration at the pharmaceutical entity Merck. She serves on the Advisory Board of the Drexel University MBA Program. She was twice named as one of the top-100 influential people in Life Sciences. Andrea, welcome to Conversations on Healthcare.

Andrea McGonigle: Thank you for having me.

Mark Masselli: There has been this incredible shift from the paper to digital in healthcare and as this shift has occurred the big technology companies like Google and Apple and Microsoft have started to gain a larger foothold within the health industry. I am wondering if you could talk to our listeners about that trajectory.

Andrea McGonigle: About 10 years ago I was at Merck & Co and Microsoft at that time was interested in learning more about the industry, learn more about compliance and they specifically were looking for people with industry expertise and that's how I came in here. And that was 10 years ago and we started that journey as a company thinking about those customers and how we can help improve healthcare in short enough time to bring drugs to market. That has expanded over the 10 years that I have been here at Microsoft. I have seen Microsoft make a huge investment in the house from that perspective and it is everything from the products and the compliance,

but also focusing more of the patient.

As a company our mission is to empower everyone and there is not a better place for healthcare to think about how you can do that, right. We spend a lot of time digitalizing and actually through government programs, the EMRs, really just moving from paper to making things digital which is kind of crazy, that took us so long to do that. And that's great but that's the beginning right, how do we move from this system of records to actually move to insights and how can we bring those insights to provide higher quality healthcare, at a lower cost for our patients.

I think technology is moving so fast, now we have AI an Artificial Intelligence, but really we have just taken that first step which is digitalizing and so it's just on that cusp of how we move into that next era and that's really where I think big companies like Microsoft, Facebook, Amazon, Google are all saying, Hey, this is the time that we should be leaning in this space too.

Margaret Flinter: Well, Andrea, I want to pick up that thread and run with it. And I think we are on the cusp of some amazing and remarkable new technologies, but the thing we just haven't solved is the issue of what the impact on clinicians have been. We know clinician burnout is on the rise and many people in healthcare on the front lines are providing care say it's the Electronic Health Record. You have a daily newsfeed the Microsoft Health and Life Science Daily, the recent article that you posted from the American Medical Association, highlighted several health systems that have figured out a way to alleviate that burden for clinicians and patients. What insights might we gain about this from that analysis?

Andrew McGonigle: Yeah, I mean the number one problem, when we do talk to providers at different hospital systems is, when they are focused on the patient --; I am meeting with the doctor, they have their back to me and they want to feel heard and at the same time work closely with the doctors and at the same time, you are absolutely right, the doctors are struggling with, I have to enter all of these mandatory fields to even more forward here.

One of the products that we have been working on and it uses Artificial Intelligence and Ascribe technology, how can you apply all these great technologies to that business problem. It's really taking Artificial Intelligence and Ascribe where you basically have a doctor and patient in the office, and not only does it record it, because that's just not enough, it actually transcribes and writes in medical terminology, it helps summarize it and allows the doctor 100% full control around what actually should be in the permanent records.

In a lot of ways it gives control back to the doctor, allows them to focus on working closely with the patient and giving them the care versus actually typing information in the system so using all those intelligence around Artificial Intelligence, machine learning, the more that it gets it notes and then actually the transcribed service. Microsoft doesn't want to compete

with healthcare, right we don't think we have all the answers, but we believe we have the technology that can help empower people.

Mark Masselli: Andrea, let's talk about an area you are specifically focused on in your role at Microsoft and that's finding ways to enhance patient engagement. We are leveraging a lot of technologies finding new and more efficient way to connect with our patients. Let me just say for the record for [inaudible] [00:06:15] I answer my phone and I answer my email, but I will tell you something, my kids don't do either. Text them and they absolutely respond in a heartbeat right. You have researched ways that patients interface with these technologies. In our setting, you know we are smaller system, we care for about 140,000 people, but mostly underserved and uninsured and many with language limitations. What's the big picture, as you think about the challenges of how patients and providers are going to interact with these technology solutions?

Andrea McGonigle: I mean you have to be on the ground and really watch and observe, how do you get in the workflow and the processes. We don't have the answers but we sit and monitor and really learn how people are interacting with the patient and what their blockers are. One was that we did with Children's Mercy and there were children who had hypoplastic left heart syndrome. And one of the key things were, it was a hospital that had a lot of patients coming from rural areas and different states. When the children were released, they are released with a lot of books takes some vital and give us some updates. We changed that to send them home with the surface device. And basically the surface device used IoT and different things to collect biometrics about the child and then also used video from the surface because it has a camera on it, to record the child each day. There are cases where the video made a huge difference and then you have you know all that information sent to the Cloud and it's monitored by nurse and clinicians on this 24 hour service hotline. And they can see any you know dip or changes, well that's something we should be looking at, they should come in right away and there has been some examples where that saved children lives.

But you hit on a good point around texting. We did a study on diabetes, Type 2 diabetics and some very simple programs around texting. People would say, as you said, your children, etc. would be answering the text and may not necessarily be the case with maybe some elderly people. One of the things that we found in some of the programs, where people were given phones and if you simply got a text that said, you have an appointment tomorrow, right, reminder and you got that text. We found that because of people thinking around, like hey, the doctor is texting me, you know someone who is 70 years old was just as likely to respond to a text that someone that was seven years old, because they love the interaction and could see that quality of care going up. When you are talking about underserved, how do they actually physically get to the location, do we use services like Uber and different things that we can put in place. So it's really about that coming up with technology solutions on the back and that you can bring together to

cohesively offers them some type of solution that would give them better quality care, better access, lower cost.

Margaret Flinter: As look around it's astonishing where innovation is going forward. We see whole new bodies of potential health interventions for some conditions and disorders that have just plagued humanity forever and CRISPR is certainly going to make a big difference, research that we would have assumed that would take decades in the past can be done in a fraction of the time. The one principle that maybe underlies it all is we can't do this successfully without a lot of collaboration between multiple entities all pulled together, probably through IT, probably in the Cloud. Tell us your vision of this phase of research and development we are in and what are you saying for the real possibilities around collaboration, is this real today or aspirational?

Andrew McGonigle: I think it's real, in my world, I get to talk to pharmaceutical companies, clients, providers, I get to talk to city governments, alliances, coalition, as well as university, academic medical centers and you start to get a much more holistic view of what the problems are and how to solve them. Technology is a glue that brings it together. I think it's really going to be about a coalition of people working together, from a partnership perspective.

There is lots of companies who could do this, but they have to have a couple things in common. (1) They have to be culturally driven for the same reasons, right and empathy, and how we want to empower people, that's one thing. The second thing is we both have to have some drive or financial reason to make it happen, one plus one has to equal three, not two. The third piece for me is still around culture, is this idea of change and having that right mindset, that's a lot of the process and a partnership.

Let's just say there is three players in the space where you could work together to help solve some of the problems around diabetes. And there is a player from pharma, a player from provider, plus someone in government and coalition or patient group that we could all come together and work, on this problem together. People have to be able to let go of certain things whether it's their data or whether it's that they own the problem or how we are going to solve it. I think a big part of that is that cultural mindset of change and being able to be driven to have those same results around the values that you have as a company, which is really to empower your patients and of course that will easily drive some of the cost out of the healthcare system.

Mark Masselli: We are speaking today with Andrew McGonigle, Managing Director of Business Development for Health and Life Sciences at Microsoft, where she leads a division committed to improving patient engagement strategies. Andrea, I want to drilldown on the second part of this, which is your whole focus on Cloud compliance and what your duties are there and Clouds are being used increasingly for data storage and management. There is always a worry about hacks in cyber security and why are there so many hacks in health systems, people think there is a lot of information they can do bad

things with. You are really at the frontline of this, if you are doing Cloud Compliance. Talk about these emerging threats. What should we be worrying about?

Andrew McGonigle: So Cloud and compliance at the highest level for me is how do we interpret the needs of the industry, to the Cloud vendors. And really we are constantly evolving just as pharmaceutical companies invest in their pipeline and their drugs we are investing in our products and technology, every single day to make the best of breed. One of the key things for this industry is that we are meeting the foundational level requirement from a compliance perspective. So every day we are representing those needs inside Microsoft, to make sure these products are lined from that perspective both from the government and in personal privacy and security.

We say we build everything on trust. We believe the number one asset is your data and if you entrusted to us it's the core to everything we are doing around trust and security in compliance. As you said, it's a huge threat for healthcare data, because if you think about it, health data is now more valuable to the black market than your social security number, there has been so many hacks on that, right. You know we are investing every single day, round the clock, the highest level of the government to all different industries, finance, etc. as well as health to make sure that we have all those standards and compliances, but also that we are working with them against any threats.

And if you look one of the top companies that people try to break in to are the technology company. We have a board itself every single day and we hire people externally as well as internally, to constantly be working on improving the security, finding holes in the security ourselves so that we can continue to build and make sure that it's the best products and the best offerings from that perspective.

Margaret Flinter: Andrea, I know that you are a founding member of Women in Life Sciences and I understand you have developed a group for girls who are looking at potential careers in science and technology. As we seek to find ways to empower all young people, to find their voice in the tech and science worlds, talk about the importance of this mentoring and empowering of young women to seek out these disciplines that are going to be so vital to 21<sup>st</sup> century, innovation.

Andrea McGonigle: I am excited, any time that I talk to anyone from a child's perspective and you know someone thinking about their career in the future and just exposing them to technology. I think no matter what people choose as their field in the future, the reality of it is, technology is going to be a part of it. It is very important for specifically women and young girls, to see people who look like them or think like them and they can picture that one days that could be them in these roles. We started doing a lot of work around the women in tech work and some of the stuff that we are doing around, girls and students.

The questions that we ask, what was your favorite subject, when you were in 5<sup>th</sup> grade what did you want to be? To show you now and actually [inaudible] [00:15:17] I would be like, Hey that sounds just like me and now look what they are doing. I gotten into computers because I was in an office doing a job after school and the reason that they had computers there and that people were afraid to touch them and I embraced it and said, hey maybe this is something I could do. And think about today, technology is everywhere.

And then also the work that I do in HLS, specifically Health and Life Sciences for the women's group at Microsoft is about mentoring people throughout their career, taking people who are just coming into the company and going to all those stages and say, how can we be more supportive of each other as women and also what are the competencies that we wanted to develop so that we can continue to drive our careers, continue to find satisfaction in the work that we are doing and continue to challenge ourselves to do more.

Mark Masselli: I am just picking up on your words, just like me and I was thinking about what are the programs that we are engaged in that Francis Collins at NIH has developed, which is this one million life study, All of Us really trying to grab a million people who look like our country and how important it is to have people in leadership roles like you and Dr. Collins who see this bigger picture that's about inclusion, we have got to bring everybody on. You participated in lots of interesting panels and discussions, you were at the Healthcare of Tomorrow panel really talking with some really incredible thinkers, about what the future of healthcare look like. How far out are you looking? What does it look like, is a little bit like what we have now, but also is it a whole new world out there, talk to us a little bit about that visioning process?

Andrea McGonigle: Sure, I would say maybe 10 years ago when I came into Microsoft, there was a video called Healthcare of the Future. And this is fantastic, most of the things that were in the video came true and I was like, okay great, what's next. And we started thinking about what is healthcare of the future? Is it, is a hospital of the future, because that's a lot of the, and no, no, no, it's not hospital the future, right because if we are really focused around patients, it should be all; and is it really a patient, no it's consumer no it's a human. And we start thinking about even going back further and further and now we are saying, surrounding a human, right.

So all of those experiences, whether it's sick, wellness and looking at people from a health perspective, simply is people. And so it's no longer the health hospitals, not the health system, we are calling it health of the future and the health of the human. I mean, what does that look like and how can technology really change that to give people better access. Again the same theories of the Quadruple Aim, lower cost, better care, empower those clinicians so that they are spending quality time with the patient and really diagnosing, but using all of the tools that are available to them, to take it to a whole another level. Still high level thinking, but really what does that look like in the future and how can we take all these technologies and create a

vision for what it could be.

Margaret Flinter: We have been speaking today with Andrea McGonigle. She is the Managing Director of Business Development for Health and Life Sciences at Microsoft. You can learn more about her work by going to [www.enterprise.microsoft.com](http://www.enterprise.microsoft.com) or follow her on Twitter at @andreawork and you can also follow her at the Working Queen Bee Blog, that's great one. Andrea, thank you for your dedication to innovation, your commitment to mentoring the next generation for keeping an eye on the future of healthcare and for joining us on Conversations on Healthcare Today.

Andrea McGonigle: Great, thank you for having me, I really enjoyed our time together.

[Music]

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 non-partisan, nonprofit consumer advocate for voters that aim to reduce the level of deception in U.S. politics. Lori, what have you got for us this week?

Lori Robertson: The first democratic presidential debate included some misleading claims about healthcare. Senator Cory Booker claimed private insurance overhead was 15%, while Medicare's was only at 2%. But the comparison is disputed and not apples-to-apples. And former Texas Representative Beto O'Rourke misleadingly said Purdue Pharma had paid "No consequences." Not a single night in jail for it's connection to the opioid crisis. There hasn't been jail time, but the company and executives have agreed to pay hundreds of millions of dollars in fines and settlement.

Let's start with Booker. It's true that the most recent trustee's report of the Medicare system puts total administrative expenses at \$9.9 billion last year, that's actually 1.3% of total Medicare expenditures for the year, even less than the 2% figure Booker cited. It's also true that the health insurance industry says that in 2014 through 2016 an average of 18.2 cents of every private premium dollar went for things other than doctors, hospitals and other healthcare services. But once we take out tax payment in a category called Care Management we get about 11.9 cents of every dollar spent on overhead. But the main problem with Booker's comparison is that Medicare beneficiaries are all aged 65 or over or disabled and on average have much larger medical bills than the mostly under 65 population served by private health insurance. The \$1 spent on overhead for Medicare automatically becomes a smaller percentage of total spending than does \$1 spent on overhead for private insurance. And that also means that if Medicare were extended to all, the percentage spent on overhead would rise.

As for O'Rourke claim about Purdue Pharma, the manufacturer of the addictive painkiller OxyContin paying no consequences for it connections to

the opioid crisis, it's accurate that no one from the company spent time in jail. But the company and three executives pleaded guilty to misbranding charges and agreed to pay more than \$634 million in fines and other payment. And the company restates \$270 million settlement with Oklahoma's Attorney General in March. 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 Healthcare.

Moderator: Each week conversations highlights a bright idea about how to make wellness a part of our communities and everyday lives. Sub-Saharan Africa leads the world in maternal and infant deaths each year. According to an annual report from Save the Children, an estimated 397,000 babies died at birth in that region in 2013 and some 550 mothers die per day as well. Most of the causes have to do with lack of access to medical care in these low resource regions and often the local midwives lack formal medical training to prepare them to conduct interventions in the event of a life-threatening event like a hemorrhage or an infection.

Anna Frellsen: We know that 90% of all the deaths that we see each today could be prevented if the mother had access to this really basic skill care during the child birth.

Margaret Flinter: Anna Frellsen is CEO of the Maternity Foundation, a Copenhagen based nonprofit dedicated to eliminating maternal and infant death in the world. Their organization has created intervention for midwives living in low resource areas if they just have access to a smart phone. It's called the Safe Delivery app and it provides comprehensive training for midwives that teach them and guide them on what to do in the event of a birthing crisis.

Anna Frellsen: This is really a matter of building the skills of the health workers who are already out there and empower them to be able to better handle the emergencies that may occur during a child birth such as the woman starts bleeding or the newborn is not breathing and so forth.

Margaret Flinter: Frellsen says, the real promise of the Safe Delivery application lies in its ability to provide ongoing obstetric and neonatal training so that local midwives can gain important clinical knowledge overtime. The Safe Delivery app has been designed to be culturally relevant and easily understood. The Maternity Foundation plans to have the Safe Delivery app in the hands of 10,000 healthcare workers across the region by next year potentially impacting a million live births.

A low-cost, culturally sensitive mobile app that offers immediate guidance and assistance to midwives and health workers, empowering them with

ongoing support and knowledge that can improve birth outcomes; now that's a bright idea.

[Music]

Mark Masselli: You have been listening to Conversations on Healthcare.

Margaret Flinter: And I am Margaret Flinter.

Mark Masselli: Peace and health.

Moderator: Conversations on Healthcare is recorded at WESU at Wesleyan University, streaming live at [www.chcradio.com](http://www.chcradio.com), iTunes or whatever you listen to podcast. If you have comments please email us at [www.chcradio@chc1.com](mailto:www.chcradio@chc1.com) or find us on Facebook or Twitter. We love hearing from you. The show is brought to you by the Community Health Center.