TODD PARK

Todd Park: Thank you, Brother Chopra. It's fantastic to be here this morning. I'm Todd Park, I'm the Chief Technology Officer of the US Department of Health and Human Services, and just to elaborate on what Aneesh said, we are engaged in a massive campaign of what I call a data liberación at HHS, and it's actually --

Aneesh Chopra: He's serious. That's what he calls it.

Todd Park: Viva Liberación!

Aneesh Chopra: A little awkward. Yeah, I love it.

Todd Park: Viva data! Viva data!

Aneesh Chopra: Viva data!

Todd Park: Yeah. And it's actually a campaign we started about a year ago. I was talking with Bill Korr, our Deputy Secretary. He said, You know what? We've got a ton of data at HHS, because it's Medicare, Medicaid, NIH, the FDA, the CDC, so on and so forth, right? Twenty-some agencies. It was just an extraordinary array of incredibly rich data accumulated over the years.

Taxpayers had literally spent billions of dollars collecting it, and which is used very narrowly today. What can we do to actually free that data up, to get it used by a lot more people, and generate a lot more return. And so we actually looked to our left, looked to our right, and saw in the National Weather Service, at the National Oceanic and Atmospheric Administration, a really cool model, the model of actually collecting, as NOAA does, a ton of weather data, and then choosing to do something really interesting with it, which is publishing all of it, online, in machine-readable form, downloadable by anyone, for free, without intellectual property constraint. And then what happens, of course, with this NOAA weather data, is that a whole host of innovators outside NOAA, at no cost to NOAA, turn into the Weather Channel, Weather.com, I-phone weather apps, WeatherBill, then the newscasts, the sheet in your hotels -- it's going to rain tomorrow. We have all these really cool innovations, then NOAA doesn't have to choreograph, think up, manage, do, do an RFP for [?] fund, et cetera. So we said, That's really awesome. How come we can't do that? So we launched something called the HHS Health Data Initiative, whose purpose is to turn HHS into the NOAA of health data. And we did a first experiment starting March of last year -- we brought together about 45 innovators, and two kinds of rock star, in one corner people like Don Burrough [?] of Netsonic who's forgotten more about health care in the late ten minutes than I'll ever learn. In the other corner are people like Tim O'Reilly, who is basically the Thomas Jefferson of the Worldwide Web, who'd never been to a healthcare meeting or

public health meeting in his entire life, but is a Ninja prince lord at taking data and changing people's lives with it, right? And so interestingly, in a statement about the fragmentation of expertise in today's society, Don Burrough [?] and Tim O'Reilly, who are both titans in their respective fields, had not only never met, they didn't even know who each other were. Don Burrough said, Who the hell is Tim O'Reilly? And Tim O'Reilly said, Don -- Don who? Who's Don Burrough? But they actually met at this meeting, they fell in love, and had a fantastic time, and we said to John and Tim, like, what about this idea of turning HHS into the NOAA of health data? Is this the world's dumbest idea? Or do you think it's actually pretty cool? And Don and Tim said, No, it's actually really cool. And we said, Okay, well, what if we actually took a limited set of data, data on community health performance, like smoking rates, obesity rates, access to healthy food, health care utilization, national, state, regional, county, and what if we took data on hospital quality, nursing quality and made that machine-readable, really easy to find, downloadable for free. What could you do with that? And over the course of the next six hours -- this was March 11th of last year -- they brainstormed about twenty-something applications, twenty-something classes of applications, that could be built, leveraging a lot of stuff that the private sector knew how to do already, to help this data come alive and help consumers, patients, providers, employers really use it to improve health. And so then we said, Okay, smart people, in less than 90 days Secretary Sebelius will host a giant public meeting with the Institute of

Medicine in which every one of you or your friends or your friends' friends can take this data and build one of the apps you just said will make you famous. We'll showcase you on the Web, we'll showcase you in front of a hundred people -- actually several hundred people, and see what you can do. And what happened over the next less than 90 days is these innovators built over 20 brand-new or upgraded apps that leveraged the data that we made available the week after March 11, to do incredible things for consumers, for providers, et cetera. And these weren't fake PowerPoint demo apps. These were actual live apps that went live that day -- everything from the supercool Net software knowledge of service community health dashboards to integrated hospital quality data, then to Bing search to the Google fusion tables, hospital über-database with APIs that enable people to use the data really easy. It was brilliant. It was an incredibly inspiring display of the power of organization. And the Government didn't do crap! All the Government did was just publish a bunch of data and market through our people who then turned it into incredible, incredible stuff, at no cost to the Government, in less than 90 days. And Aneesh had the line of the whole meeting when he said, during one of the talks at this event, he said, Can you imagine if the Government had issued an RFP to create this stuff? We'd be in like Stage 1X50, you know, the RFP for one of them, let alone sort of, you know, for twenty-plus of them. So we were very excited by this. So we said, we are all in. And with the support of the White House and the Secretary and Bill Korr and all the HHS leadership, we said, we

are all in, all chips on the table on this health data issue. So we've actually now morphed it into a campaign where essentially if it's not illegal for us to publish it, we are going to publish it. In fact we've published a lot of it already, in machine-readable, downloadable form or via APIs without intellectual property constraint, for free. We've created actually an über-site called Healthdata.gov which has a universal catalog to all this data, and I think actually a ton of it is incredibly relevant to the field of impact investment. So for example, we've launched a new warehouse called Healthindicators.gov, again, all accessible through Healthdata.gov, and Health Indicators Warehouse which has over 1200 indicators of national, state, regional and county-level health performance, healthcare performance, determinants of health performance and also contained evidence-based interventions that have actually shown themselves effective moving the needle on health performance, integrating data from across HHS, a hundred seventy different sources, cleaned up with metadata, available to anyone. And not just be a website with downloadable data, but also will be a web services API, because that's something developers like to roll. They like to access stuff via application (unintelligible) databases. We've actually put APIs on all of our hospital, nursing home, home health and dialysis compare data. We've actually put together a site called Healthcare.gov which is the first universal compilation of public and private health insurance plans across the country, which has a lot of incredibly interesting info, not just benefits and pricing, but also by policy,

the percentage of the time the insurance company says, I deny you, and the percentage of the time they actually charge you more than the sticker price. That's actually available via Healthcare.gov, but later this year we're making it available via an API so everyone can suck out that data and do analysis and stream it into whatever website or application they want. We actually made the entire FDA recall database, which was previously available via kind of RSS feed, downloadable with the XML format so you can take it, parse it, slice it up, dice it up, do incredibly cool things with it. More and more and more and more stuff along these lines is happening as we speak. So -- and our whole thesis behind this is the following: It says, as Bill Joy, Sun Microsystems famously said, No matter who you are, most of the smart people in the world don't work for you. Right? So the key to actually having a real impact in this world is getting them to care about what you care about and arming them with what they need for rock and roll. And so this part of our whole thesis, which is that it's not the Government that's going to transform healthcare, not at all. It's not the Government that's going to transform health. Our role is simply to create the conditions that enable innovators - market forces in the private sector -- to rock and roll and transform health and healthcare. So Data Liberación is one wave of this. Another wave of this actually, which we touched more upon if we had more time, is incentive change. So one of the relatively little-known but incredibly important provisions of the Affordable Care and Health Reform Law is that Medicare is equipped with the funds and the authority, for the first time

in history, to change how it pays for healthcare from pay by the yard to pay to keep people healthy, right? The reason why our healthcare system sucks at keeping people healthy is very simply because we don't pay for it. We pay per office visit, we pay per surgery, we pay per hospital stay, and our system does perfectly what it was designed to do, which is perfectly what it was paid to do, which is, del fresco, painting volumes of visits, surgeries and hospital stays. So Medicare is now going to be changing, over the next handful of years, in very dramatic fashion, how it pays to award health and quality, and I predict the system will morph to actually deliver health and quality, aided by the information that we're freeing up, to help consumers, patients, whatever remaining, providers, et cetera, make the right decisions in support of health equality. So, but that's basically the theory of the case. The theory that changed for us is that, you know, something like healthcare system transformation is much too complicated for any one entity to mastermind and control, right? It's something that actually America, though, can take out, with enormous force and enormous power, in incredible speed, if people like the Government just help create the conditions under which America can do that. And so by liberating information and by actually helping it change the incentives of the marketplace, we aim to do that, and we're already seeing, I mean, in places -- have you been to South-by-Southwest by the way? First I've ever been -- unbelievable. You also -- hey, actually, you know what? If you really want to have faith in America, right? If you want to actually build your

faith in America, go to South-by-Southwest and meet the young innovators and entrepreneurs, of all ages, actually, who are doing incredible stuff, among other things to help transform health and healthcare. It was an incredibly inspiring trip for us.

Aneesh Chopra: It was.

Todd Park: And we hope that you get some "really inspired." Use the data at Healthdata.gov, take advantage of these changing incentives, and rock and roll, because I think that, you know, what you can do in this room to help transform health and healthcare is very, very exciting, and we'd love to do everything we can help.

Aneesh Chopra: Amen.

Todd Park: Whoo! [Applause]