Health Care Datapalooza: Data and the Future of Health Care Delivery

By Mary Branham [1]  
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By Indiana Rep. Ed Clere, House Public Health Committee Chair

As consumers, we have become accustomed to having easy access to information and reviews about the things we buy and the places we visit. Whether we’re shopping for an appliance or a car or looking for a restaurant or a hotel room, we learn from and make purchasing decisions based on the experiences of others. Imagine if we were able to do the same with health care.

We may not have to imagine much longer. In June, I attended Health Datapalooza in Washington, D.C. It was a conference, not a concert, yet the ideas and innovations showcased at the two-day meeting are likely to rock our health care system.

In its fourth year, the conference attracted nearly 2,000 business leaders, entrepreneurs, health care and IT professionals, researchers, policymakers and government workers from around the world.

From predictive modeling that will allow providers to identify patients in need of follow-up to applications that will allow consumers to compare providers and even find out wait times, the future of health care delivery was on display.

The conference was organized by the Health Data Consortium, a public-private partnership created to bring together health data stakeholders who are interested in liberating—a buzzword of the conference—and leveraging health data. I attended as a guest of The Council of State Governments, which also hosted three other state legislators.

U.S. Department of Health and Human Services Secretary Kathleen Sebelius kicked off the conference. Other speakers and panelists came from places as diverse as the United Kingdom, Harvard Medical School and other academic institutions, entrepreneurial startups, venture capital
firms, Google and NASA.

In the war over the federal Patient Protection and Affordable Care Act, health data may provide an opportunity to find common ground. In addition to the need to protect individual privacy—a hot topic in the news right now—everyone ought to be able to agree on the need to look for ways to contain costs and improve patient outcomes, and many of the solutions can be found in the vast quantities of existing health data.

The ACA provides financial incentives for health care providers that find ways to do more with less. For those who see the ACA as an approaching storm, perhaps the law’s data provisions are the clouds’ silver lining. Entrepreneurial opportunities abound, with countless good jobs waiting to be created. Will some state or region emerge as the Silicon Valley of health data?

As we expand the use of health data, we will have to confront some uncomfortable realities, including the fact that all health care providers are not equal. Some are better than others. Everyone knows it, but it has been difficult for consumers, insurers and others who have an interest in provider quality to determine who provides not only the best care, but also the best value. It may seem odd to talk about value in health care, but it’s a necessary conversation if we’re going to maximize efficient use of limited resources.

On the first day of the conference, the federal Centers for Medicare & Medicaid Services released data on hospital charges for 30 types of outpatient procedures. That followed the release of average charges for the 100 most common inpatient procedures. It’s a start, but it’s not nearly enough. State and local governments also need to be active participants in facilitating the free flow of health data.

Many conference speakers and attendees expressed frustration that the federal government hasn’t released more data.

Between Medicare and Medicaid claims data, the federal government has the health data equivalent of a large group of grain silos. So far, it has released only enough wheat to bake a few loaves of bread. Advocates of health data liberation, however, smell the potential and are ready with entrepreneurial recipes for a better health care system.

Indiana Rep. Ed Clere chairs the House Public Health Committee. A 2010 graduate of the Midwestern Legislative Conference’s Bowhay Institute for Legislative Leadership Development, Clere is now co-chair of the program’s steering committee. He also serves on CSG’s Health Public Policy Committee and MLC’s Health and Human Services Committee.