Office of the National Coordinator

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Health IT Policy Committee

JASON Task Force

Listening Session

Panel 6: App Providers

August 4, 2014

Testimony of:

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Chief Executive Officer
Lyfechannel, Inc.
San Francisco, CA

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Good morning HIT Policy Committee, fellow participants and listeners. I am Dave Vockell, the CEO and Founder of Lyfechannel, Inc. It is a great honor for me to speak here today on this very critical set of topics.

The topics of the day revolve around data exchange, platform interoperability and the role that a JASON-flavored infrastructure and the pantheon of participants might have in promoting better health outcomes through data. I'm going to spend a minute on Lyfechannel and our health programs to put our perspective and role into context, and then I will address the Panel 6 Questions for App Providers.

BACKGROUND

Lyfechannel, Inc builds mobile patient programs that translate physician instruction into patient action. We help patients new to Diabetes, pre-Diabetes, COPD, heart health, and smoking cessation begin to build basic "good habits" to support their chronic conditions and also operate a preventive health program targeting the "Chief Health Officer" of a household. We create programs that connect the patient and their personal support team and their care providers through integration across mobile experiences and the provider's EHR (electronic health record). We use a broad set of public and private data sources and APIs ranging from diagnostic tools to EHR integration. We also provide outward-facing APIs of all of our core functionality.

Let's dive in.

A constant question in our industry is "how should apps be regulated?" and more specifically, in an environment of an exploding number of health mobile applications, how should that marketplace be designed and managed.

1. Assertion #1: the hype is overblown. The high end of the "uproar numbers" is somewhere in the neighborhood of 100,000 health and fitness apps coupled with the worry about "how will the public know what to do?". It's hard to break down that number into real health apps versus another "do 100 pushups in 100 days" fitness experience – but here is a little context: iTunes has about 250 diabetes apps for the iPhone. In comparison, Amazon offers 26,860 books related to diabetes and Google over 225 million search results tied to diabetes. If the overall goal is patient protection and patient literacy, attempting to manage the quality of smartphone apps is targeting a trivial element of available patient experiences.
2. Assertion #2: focusing on apps is trending rapidly towards irrelevant. Increasing bandwidth, ubiquitous wifi and HTML5 are quickly evolving mobile experiences where an app is not differentiable from a webpage. Use Facebook in an app and on the mobile web – both are rich, great user experiences. A more meaningful question that imagines the future we are going to would be "do we need a marketplace for consumer digital programs?" This is a focus on the program, content and impact, not on the delivery method.
3. Assertion #3: the iTunes store and Google Play store will lose their role as a gatekeeper for consumer access to applications within 5 years. Any imagined certification or control point supported through that mechanism will be short lived.
4. Assertion #4: Any marketplace or patient experience that supports the exploration, discovery and selection of health programs is good. Any centralized overall grading system or broad certification process will hobble participation. Four things will support the quality of a potential digital patient experience marketplace:

A. Quantitative Certifications, e.g., third-party certification of data encryption or Allscripts interoperability
B. Guided Digital Experience Descriptions, i.e. instead of having to describe your health experience or app in open text, you have to fill out the sections that describe everything from data encryption to the clinical basis of the health recommendations – sections that will support patient literacy decisions and surface less sophisticated solutions.
C. Anonymous patient reviews and True Identity Care Provider reviews: personal health privacy keeps consumers from sharing their review of digital health experiences, and requiring verified ID care provider is necessary because of the weight of those reviews versus consumers
D. A taxonomy that isn't just disease-specific, but health-journey related, e.g., "new to condition", "tracking", "alternative" that adds a search filter to improve discovery

Another topic we were asked to address is related to the use of vendor-specific APIs.

- Lyfechannel uses APIs ranging from service providers to deliver our text messages to Healthfinder.gov as a content source and decision engine for preventive health to Allscripts access to health records to the publicly-developed tools evolving around BlueButton
- The majority of things on our API "wish list" are tied to "so I don't have to do that work" – I wish every glucose meter broadcast their readings through Bluetooth in a standard format so that I wouldn't have to map to each of them separately. I wish the Allscripts API let me search for new data in a record instead for specific information because then I wouldn’t have to do change tracking. On the one hand, I would love for data access and usage meet all of my long-term product objectives, but also, for me to have a business, there needs to be something hard in what we do to keep competition from doing the same thing.
- Our best experience has been with Allscripts. From developer tools to documentation to marketing support, they lead the pack of big EHRs and are

extremely responsive. We have had extremely limited experience with the Epic API because of their requirements for access (you need a sponsoring customer).

- Most of our certifications have lined up with access to patient data and potential for "bad behavior" – diagnostic tools (e.g,. the Archimedes heart health assessment) are tied to being a good tech partner and Allscripts tied to data integrity and user experience. The rigorousness of certification is pretty much in line with what we'd expect.

The final topic in our testimony today is related to the "challenges and successes have you had to date collecting and utilizing data from EHRs and other health IT systems".

- We have a great experience with Allscripts – they seem to be aggressively supporting third party developers to imagine new applications for their health data
- Epic is still mostly closed to independent third party developers (as of a month ago), they support development on behalf of existing customers, so there is less focus on interoperability on more on things that drive more revenue or reduce costs specific to that hospital/provider.
- None of our challenges are unique to health care, they are the same as any intermediary trying to connect legacy data systems – data format, field matching and read/write permissions.

Our final thought is that less time should be spent on defining the format of interoperability data and more on exposing the most data in a secure manor – to ask a large organization to both expose data they never imagined when designing their system and also translate it to a unified standard is two giant, slow projects. If they can figure out how to make the data available in a secure method, there are a thousand entrepreneurs who will solve the translation between systems.

Thank you again to the Chairpersons and members of the committee for your time today and the opportunity to participate in this hearing.