Data & Disruption

Damon L. Davis
U.S. Department of Health & Human Services,
Office of the Secretary,
CTO’s Office
IDEA Lab!
Innovation, Design, Entrepreneurship & Action
Health care is a $2.8T industry in the U.S., 18% of our GDP and growing
We are now living in a health care system where data is driving change.
Data is changing...

Payment reform

Individual health interaction

Treatment @ the point of care
LAST 3 YEARS FOCUSED ON LIBERATING DATA

Changed the default setting for data from closed to open
In the Beginning...

In 2010 - 40 entrepreneurs around a table, 25 datasets, 90 day challenge... First Datapalooza!

4 Years later... Health Datapalooza IV - 2,000+ people

HealthData.gov has over 1,000 datasets cataloged

Disruption is happening - we see companies springing up led by entrepreneurs who know nothing about healthcare
Health Data Initiative Strategy & Execution Plan Released and Ready for Feedback

The new Health Data Initiative Strategy & Execution Plan has been released! Check it out as it will guide and measure the open data strategy for the Department. Provide your feedback! Read more →

Search the Data

Search for

Sub-Agency

Subject Area

Recent Datasets

- Measuring Coding Intensity in the Medicare...
- Measuring Coding Intensity in Medicare...
- Valuing the Invaluable: 2011 Update, The...
- Food Inspections
- Warming Centers

Recent Blog Entries

- Taking our own medicine: Using Pillbox Open...
- Open Data for Transparent and Effective...
- HHS Open Government Plan 3.0 is Now Posted...
- NYS Health Challenge Needs Your Ideas to...
- Last week to apply for HHS Entrepreneurs!
U.S. Department of Health and Human Services
State Data on HEALTHDATA.GOV

Data catalog has grown 397% in one year

Even more federal data coming soon

More opportunities to use health data

Incorporated data (green) from States: CO, MD, NY, IL, WA, HI, OR, OK, MO

Working to include (blue) from: CA, FL, TX, OH, MI, GA, NC
OPEN DATA EXECUTION PLAN 5 GOALS:

Advancing HealthData.gov site

Highlighting departmental assets that support achieving HHS strategic initiatives

Educating new and existing, internal and external participants

Enabling and incentivizing the health data ecosystem

Implementing administration and departmental policies that foster openness
What’s being liberated...
OpenFDA Project

More data available in more useful formats via API and raw structured file download

• Adverse events

• Recall reports

• Structured product labeling
NIH research manuscripts required to be online 1 year after publication

Public access policy expanded to all of HHS

Speed up translation of research findings

Liberating NIH data with Big Data to Knowledge Project

More potential with combination of multiple data streams
Expanding Public Access to the Results of Federally Funded Research

Posted by Michael Stebbins on February 22, 2013 at 12:04 PM EDT

The Obama Administration is committed to the proposition that citizens deserve easy access to the results of scientific research their tax dollars have paid for. That’s why, in a policy memorandum released today, OSTP Director John Holdren has directed Federal agencies with more than $100M in R&D expenditures to develop plans to make the published results of federally funded research freely available to the public within one year of publication and requiring researchers to better account for and manage the digital data resulting from federally funded scientific research. OSTP has been looking into this issue for some time, soliciting broad public input on multiple occasions and convening an interagency working group to develop a policy. The final policy reflects substantial inputs from scientists and scientific organizations, publishers, members of Congress, and other members of the public—over 65 thousand of whom recently signed a We the People petition asking for expanded public access to the results of taxpayer-funded research.
What are some examples of analytics in health care?
Leveraging The Big-Data Revolution: CMS Is Expanding Capabilities To Spur Health System Transformation

ABSTRACT As the largest single payer for health care in the United States, the Centers for Medicare and Medicaid Services (CMS) generates enormous amounts of data. Historically, CMS has faced technological challenges in storing, analyzing, and disseminating this information because of its volume and privacy concerns. However, rapid progress in the fields of data architecture, storage, and analysis—the big-data revolution—over the past several years has given CMS the capabilities to use data in new and innovative ways. We describe the different types of CMS data being used both internally and externally, and we highlight a selection of innovative ways in which big-data techniques are being used to generate actionable information from CMS data more effectively. These include the use of real-time analytics for program monitoring and detecting fraud and abuse and the increased provision of data to providers, researchers, beneficiaries, and other stakeholders.

The Centers for Medicare and Medicaid Services (CMS) provides health care coverage for more than a hundred million Americans through Medicare, Medicaid, and the Children’s Health Insurance Program (CHIP). That number will increase significantly as a result of Medicaid expansions under the Affordable Care Act (ACA).

As the single largest US payer for health care, CMS generates enormous amounts of data. Through Medicare alone, CMS collects over two billion data points per year through the payment of hospital, physician, drug, and other health care claims, as well as billions of other data points on such items as enrollment information, beneficiary eligibility checks, quality metrics, and calls to 1-800-MEDICARE. CMS takes seriously its responsibility to safeguard beneficiaries’ privacy, and it has implemented stringent safeguards at every step along the way to ensure that data are not misused, released inadvertently, or placed at risk of cyber threats.

Historically, CMS has faced technological challenges in storing, analyzing, and disseminating this information because of the volume of the data. For many years, data were spread across multiple systems, and retrieving data for analysis or dissemination was time-consuming and expensive. However, rapid progress in the fields of data architecture, storage, and analysis—the big-data revolution—over the past several years has given CMS the capabilities to use data in new and innovative ways. With the new tools and technologies that have emerged, CMS is in a position to make use of and, where appropriate, securely share its data in ways that were unimaginable in the recent past.

The big-data revolution could not have come at a better time, since CMS is the lead agency working to transform the US health care delivery system. Under the ACA, CMS’s role in the health care system has been expanded beyond its traditional role of administering Medicare, Medicaid, and CHIP. The ACA effectively made CMS responsible for leading a systemwide effort to provide...
FIGURE 3. Points of entry and volume of travelers on flights to the United States and Canada from Saudi Arabia and the United Arab Emirates—May–June 2014*

Source: Biomosaic, an analytic tool for integrating demography, migration, and health data developed in collaboration between the University of Toronto, Boston Children’s Hospital, and CDC’s Division of Global Migration and Quarantine.

* Excludes cities with fewer than 100 travelers from affected areas.

† Based on total number of arrivals at final destination in North America.

Alternate Text: The figure above shows points of entry and volume of travelers on flights to the United States and Canada from Saudi Arabia and the United Arab Emirates (UAE) during May–June 2014. Cook County, Illinois, which includes Chicago O’Hare airport, historically has the fourth highest volume of arriving travelers from Saudi Arabia and UAE for the months of May and June.
Preparedness 101: Zombie Apocalypse

Categories: Zombies

May 16th, 2011 11:48 am ET - Ali S. Khan

Walking Dead fans, check out our latest post: http://go.usa.gov/Q4J

There are all kinds of emergencies out there that we can prepare for. Take a zombie apocalypse for example. That’s right, I said z-o-m-b-i-e a-p-o-c-a-l-y-p-s-e. You may laugh now, but when it happens you’ll be happy you read this, and hey, maybe you’ll even learn a thing or two about how to prepare for a real emergency.

A Brief History of Zombies
We’ve all seen at least one movie about flesh-eating zombies taking over (my personal favorite is Resident Evil), but where do zombies come from and why do they love eating brains so much? The word zombie comes from Haitian and New Orleans voodoo origins.
WE NEED YOUR HELP

Help us disrupt the health care ecosystem

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• Share your data with us
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Electronic Tracking & Transport of the Nation’s Organ Transplant System
On the web at
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