Data Science for the HHS IDEA LAB

Story

HHS Welcomes a New Surge of Talent to Solve Some of the Biggest Challenges in Health Care and Government

- Improving Beneficiary Access to Health Information
- Digital Media, Aging, and Disability: What Works & Why
- Modernizing CDC Mortality Data & Analytic Tools
- Innovative Design, Development and Linkages of Databases

About the HHS Entrepreneurs-in-Residence Program

Tune into the HHS IDEA Lab's Entrepreneurs-in-Residence Day November 13, 2014

Tell us what you think: How can we use technology to reach the under-served?

Story

Media Advisory

What is the HHS IDEA Lab?

The HHS IDEA Lab Shark Tank & Demo Day

The Panelists (Our 'Sharks')

Presentations

- Improving Access to Health Care Using a Fast Track System
- Revisiting an Annual Report to Congress
- Student Loan Data Sharing with the Department of Education
- Upgrading the Genetic Variable Search
- Enhancing CMS Outreach with Coordination Solutions
- Resourcing Community Ideas Regionally
- The CDC Open Idea Lab
- GINAS: Advancing FDA's Ingredient Information System
- Automatic X-Ray Screening for Rural Areas
- Fostering Scientific Insight through Data Federation
- Increasing NIH Clinical Center Research Interns and Internships

In the afternoon, it'll be more casual.

HHS Ignite Application

Eligibility

We Begin Accepting Proposals Again in October, 2014

https://semanticommunity.info/Data_Science/Data_Science_for_the_HHS_IDEA_LAB
Updated: Tue, 04 Jun 2019 00:23:53 GMT

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Interested in Applying?

The Scoring Criteria and Selection Process

Story

Data Dictionary
People
Projects
Blogs
Linked Data Publication in a Data Browser

Slides
Slide 1 HHS IDEA LAB
Slide 2 Data Science for the HHS IDEA LAB Knowledge Base
Slide 3 Spreadsheet Knowledge Base 1
Slide 4 Spreadsheet Knowledge Base 2
Slide 5 Spreadsheet People
Slide 6 Spreadsheet Projects
Slide 7 Spreadsheet Blogs
Slide 8 Spotfire Cover Page
Slide 9 Spotfire Data Ecosystem
Slide 10 Health, United States, 2013 (in process)

Spotfire Dashboard

Research Notes
Innovative Design, Development and Linkages of Databases Fellowship
HDC Webinar: The HHS HDI Strategy & Execution Plan
The New HHS Health Data Strategy and Execution Plan
HDI Strategic Goals

HHS IDEA LAB
About the Lab
The People

HHS IDEA Lab Staff
Lucky, HHS IDEA Lab
Cassandra Duarte, HHS IDEA Lab
Julie Herron, HHS IDEA Lab
Sandeep Patel, HHS IDEA Lab
Will Yang, HHS IDEA Lab
Damon Davis, HHS IDEA Lab
Elizabeth Kittrie, HHS IDEA Lab
Bryan Sivak, HHS IDEA Lab
Read Holman, HHS IDEA Lab
Steven Randazzo, HHS IDEA Lab
Greg Downing, HHS IDEA Lab

People: HHS Entrepreneurs
Chris Lunt, Centers for Medicaid and Medicare Services
Frank Sanborn, Office of the Assistant Secretary for Preparedness and Response
Kevin Larsen, Office of the National Coordinator for Health IT
Amy Sherwood, Centers for Medicaid and Medicare Services
Mindy Hangsleben, ONC for Health IT
Zachery Jiwa, Centers for Medicaid and Medicare Services
David Cartier, Health Resources and Services Administration

People: HHS Innovates
Amy Wiat-Rodriguez, Administration for Community Living
Claro Yu, National Institutes of Health
Debra J. Grabowski, Indian Health Service
Eric S. Weiss, Centers for Disease Control and Prevention
Gwen Shinko, National Institutes of Health
Ivor D’Souza, National Institutes of Health
James Onken, National Institutes of Health
Joyce E. B. Backus, National Institutes of Health
Juliette S. Kendrick, Centers for Disease Control and Prevention
Kathy Siawson, Centers for Disease Control and Prevention
Kelly Stephenson, Indian Health Service
Lynn Sokler, Centers for Disease Control and Prevention
Matthew McAuliffe, National Institutes of Health
Steven Musser, Food and Drug Administration
Rachel Ballard-Barbash, National Institutes of Health
Rebecca Spitzgo, Health Resources and Services Administration
Richard Schieber, Centers for Disease Control and Prevention
Stacey Mattison, Centers for Disease Control and Prevention
Manuel B. Datiles III, National Institutes of Health

People: HHS Innovator-in-Residence
Nag Murty, West Health / IDEA Lab
Pierce Graham-Jones, HHS IDEA Lab

People: Presidential Innovation Fellows
Adam Dole, ONC for Health IT
Nayan Jain, ONC for Health IT
Sean Herron, Food and Drug Administration

People: Sammies
Julie Segre, National Institutes of Health
Nora D. Volkow, National Institutes of Health
Tara Palmore, National Institutes of Health
Hamid Jafari, Centers for Disease Control and Prevention
Michael Gottesman, National Institutes of Health
J. Todd Weber, Centers for Disease Control and Prevention

The Projects

Accelerating Clinical Quality Measures for the Affordable Care Act

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Anti-Cancer Research

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Application of Design Thinking to Grants

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Automate Blue Button Initiative

Blue Button Project

Presidential Innovation Fellows
More information on the Blue Button Initiative

Bridging the CHASM of Health Disparities

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Bringing Clarity to Health Information: CDC Vital Signs

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Building Health Resilience Technology to Withstand Natural Disasters

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CDCOLOGY: A Microtasking Project

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Project Summary
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Additional Information
Cloud-Based GIS Maps Displaying Aggregate Data on Medical Malpractice

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CMS Coordinated Press Response Strategy

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Additional Information

Connecting Kids with Dental Care
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Connecting to Combat Alzheimer’s
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Creating De-Identified Claims Data

ENTREPRENEUR DESCRIPTION:
HOW WILL YOU BENEFIT FROM THIS POSITION?
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Creating a Polio-Free World

Data-Driven Website Optimization Using Multivariate Testing

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Project Summary
Team Members
Additional Information

Designing the Infrastructure for Medicaid & CHIP Eligibility

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Digital Media, Aging, and Disability: What Works & Why?

ENTREPRENEUR DESCRIPTION
HOW WILL YOU BENEFIT FROM THIS POSITION?
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Developing a Data-Driven ACF Workforce
**Project Summary**

**Team Members**

**Additional Information**

**Education Through Wireless SMS**

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**Electronic Health Records in Action**

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**Electronic Patient Tracking in Disasters**

**TEAM MEMBERS**

**Electronic Tracking & Transport of the Nation’s Organ Transplant System**

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**Fast-Screening CE-MS Method for Bacteria Through Protein Pattern Recognition**

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**Project Summary**

**Team Members**

**IMAGES**

**FDA-iRISK: A Fast Tool for Food Safety**

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**FDA-TRACK Gallery Submissions**

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**FDA’s Anti-Counterfeit Device**

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Forming Partnerships to Develop Lifesaving Technologies

From Outer Space to the Eye Clinic

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Getting more out of Video: NLM Video Search

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Health Data Consortium Affiliates Network

Health Information Exchange Accelerators

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Healthcare Practitioner Credentialing Portal

ENTREPRENEUR DESCRIPTION
HOW WILL YOU BENEFIT FROM THIS POSITION?
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IHS Workforce Development: Going Lean to Understand Needs

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Project Summary
Team Members
Additional Information

Improving Beneficiary Access to Health Information

Improving Health & Stability in Food Choices

Increasing Efficiency in Rule Making with Natural Language Processing

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Product Summary
Team Members

Innovative Design, Development and Linkages of Databases

ENTREPRENEUR DESCRIPTION
HOW WILL YOU BENEFIT FROM THIS POSITION?
INTERNAL ENTREPRENEURS

Integrating Health Insurance Marketplace Data to Visualize Efforts and Impact

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Project Summary

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Joining Forces to Fight Childhood Obesity
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Making the Link Between Public Health & Aging
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MedlinePlus Connect
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Million Hearts Initiative
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Modernizing CDC Mortality Data and Analytic Tools
Modernizing the National Plan and Provider Enumeration System
INTERNAL ENTREPRENEURS
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Moving Drug Addiction Science into the Mainstream
Moving Towards Energy Efficient NIH Laboratories
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Project Summary
Team Members
NIAD FreeStuff: Stretching Tax Dollars
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openFDA
Presidential Innovation Fellow: Sean Herron
More information on openFDA
Stopping a Fungal Meningitis Outbreak
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Project Boundary

BACKGROUND
SYSTEM DESCRIPTION
HOW DOES THE SYSTEM WORK?
THE BEACONS AS A ONE-WAY TRANSMITTER
THE PHONE AS A RECEIVER

POTENTIAL DEMOS

Project Sandbox

AN OVERVIEW
OUR FIRST FOCUS AREA: HOME-BASED PRIMARY CARE OF THE FRAIL ELDERLY.
THE PROBLEM AND UNDERSERVED NEED
BARRIERS TO PRIMARY CARE
THE HOUSE CALL MODEL – A POTENTIAL SOLUTION & KEY OUTCOMES

ADDITIONAL RESOURCES

The Million Hearts Risk Check Challenge
Recruiting Older Adults into Research (ROAR)

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Project Summary

The National Database for Autism Research

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Revolutionizing Procurement Through the Web

TEAM MEMBERS
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The National Health Service Corps Job Center

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The NIH 3D Print Exchange

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Project Summary

Team Members

The NLM Pillbox: More Efficient Data Cleanup and Outputs

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Project Summary

Team Members

Additional Information

The Weight of the Nation Campaign

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Our Pathways

HHS Innovates
HHS Entrepreneurs
HHS Innovator-In-Residence
HHS Ignite
HHS Ventures
HHS Competes
IDEA Lab Sponsored Projects
HHS Connects
HHS Health Data Initiative

The Blog
WHY THE GOVERNMENT SHOULD HIRE MORE PRODUCT PEOPLE
APPLY NOW! HHS ENTREPRENEURS IS BACK AND LOOKING FOR TALENT!

INNOVATING TO TRANSFORM HEALTHCARE
CALLING ALL CODERS! CODE-A-PALOOZA SUBMISSIONS NOW OPEN
PERSONALLY-GENERATED HEALTH DATA – THE NEXT FRONTIER

HHS IDEA LAB @ SXSW
HHS IGNITE: NOW ACCEPTING YOUR FUNDING PROPOSALS!
COME JOIN THE HHS IDEA LAB TEAM! APPLY TO BE THE NEXT HEALTH DATA INNOVATOR
HHS IGNITE INNOVATION DAY: JOIN US THIS FRIDAY!
DATA FUELING BUSINESS DEVELOPMENT AND HEALTH CARE TRANSFORMATION
PRA: THE GOVERNMENT’S MILLION DOLLAR SURVEY?
PRACTICE WHAT WE PREACH
DATA.CDC.GOV: ENERGIZING DATA TO BETTER TELL THE STORY
NOW SOLICITING FEEDBACK ON THE STRATEGIC VISION FOR INNOVATION AT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES

HHSIGNITES (BETA): THE SELECTED TEAMS & THE BANK OF IDEAS
NOW OPEN! APPLY TO WORK ON HIGH IMPACT PROJECTS IN 2ND ANNUAL TALENT SEARCH FOR THE HHSENTREPRENEURS PROGRAM
HEALTH DATAPALOOZA IV TOPS OFF A HUGE YEAR IN HEALTH DATA LIBERATION & INNOVATION
MR. POTATOHEAD MEETS THE SECRETARY!!
HHSIGNITES (BETA): THE WHAT’S AND WHY’S OF YOUR PROPOSAL
HHSIGNITES (BETA): AN INNOVATION SEED-FUNDING OPPORTUNITY
INNOVATION AND EXPERIMENTATION GOING VIRAL AT HHS
HHSINNOVATES PEOPLE’S CHOICE AWARD, VOTE FOR YOUR FAVORITE COMMUNITY RESILIENCY

INNOVATION 101
YOU DON’T TRACK WHAT?
MAP IT LIKE IT’S HOT!!
WELCOME TO THE FEDERAL GOVERNMENT!
WHAT A PICTURE IS WORTH
JUMPING IN FEET LAST

ROUND FIVE OF HHSINNOVATES CONCLUDES & LESSONS LEARNED
INNOVATION FELLOWS TECHNICAL ADVISORS: IMPORTANT COMPONENTS TO THE HHS INNOVATION FELLOWS PROGRAM
FIRST-TIME PUBLIC VOTING FOR TOP HEALTH INNOVATIONS AT HHS, VOTE NOW!
NEW DIGITAL GOVERNMENT STRATEGY MAKES INFORMATION MORE USEFUL AND DYNAMIC

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NEW INNOVATION OPPORTUNITY ANNOUNCED! – HHS INNOVATION FELLOWS PROGRAM

ENTREPRENEURS AND INNOVATORS ROCK 3RD ANNUAL HEALTH DATAPALOOZA

THE GROWING ROLE FOR MOBILE PHONES IN PUBLIC HEALTH

HEALTH TECHTALK

WE’RE LAUNCHING HHS’ NEW OPEN GOVERNMENT PLAN, VERSION 2.0

PROTECTING PRIVACY AND BUILDING TRUST AS MOBILE AND ONLINE HEALTH EVOLVE

TWO NEW WAYS FOR YOU TO PARTICIPATE IN HHS OPEN GOVERNMENT

OBAMA ADMINISTRATION AND TEXT4BABY JOIN FORCES TO CONNECT PREGNANT WOMEN AND CHILDREN TO HEALTH COVERAGE AND INFORMATION

MHEALTH INNOVATION AND DEVELOPERS CHALLENGES

CELEBRATING INNOVATIVE HEALTH PROMOTION APPS – WINNERS OF THE SG CHALLENGE

HELP US DEVELOP OUR NEW OPEN GOV PLAN

MHEALTH RESEARCH & EVALUATION: NEW OPPORTUNITIES AND CHALLENGES

U.S. SURGEON GENERAL’S HEALTHY APP CHALLENGE

COMPLEXITIES AND CHALLENGES IN DEVELOPING MHEALTH PROGRAMS

CELEBRATING INNOVATION! APPS CHALLENGE WINNERS AT THE NATIONAL LIBRARY OF MEDICINE

ANNOUNCING THE LEADING HEALTH INDICATORS APPS CHALLENGE

THREE APPROACHES TO MHEALTH

PROMOTING A “THINK DIFFERENTLY” ATTITUDE AT HHS

HEALTH AND HUMAN SERVICES CELEBRATES THE UNITED STATES’ ENTRY INTO THE OPEN GOVERNMENT PARTNERSHIP

ADVANCING TEXT MESSAGING FOR HEALTH

NEW YORK INCREASES ACCESS TO HEALTH DATA

THE POWER OF MANY: CROWDSOURCING OUR WAY TO SOLUTIONS

JUNE 2011 OPEN GOVERNMENT PROGRESS REPORT RELEASE

CALLING ALL HEALTH INNOVATORS: HEALTH DATA PALOOZA LIVE JUNE 9TH

GREATLY IMPROVED PUBLIC REPORTING OF HHS GRANTS DATA

ADDING VALUE AT HHS THROUGH INNOVATION

HELP SHAPE THE NEW FEDERAL HEALTH IT STRATEGIC PLAN

CELEBRATING SUNSHINE WEEK AT HHS

WELCOME TO HEALTHDATA.GOV!

ADVANCING A CULTURE OF INNOVATION AT HHS

THE NATIONAL LIBRARY OF MEDICINE’S NEW API PORTAL

HHSINNOVATES AWARDS PROGRAM

STRATEGIC PLAN

NOW PLAYING: NEW DEVELOPER CHALLENGES USING HEALTH DATA!

HHS'S OPEN GOVERNMENT PLAN: VERSION 1.1

SECRETARY’S INNOVATION AWARDS PROGRAM – HHSINNOVATES!
Story

Data Science, Data Infrastructure, & Data Publications for the HHS IDEA Lab

In preparation for our December 1st Meetup, I participated in the Tune into the HHS IDEA Lab’s Entrepreneurs-in-Residence Day November 13, 2014 and analyzed the four new projects in the HHS Welcomes a New Surge of Talent to Solve Some of the Biggest Challenges in Health Care and Government announcement.

The Webinar featured:

- Bill Corr, Deputy Secretary - he welcomed, apologized for the HHS Secretary not be present, and left
- Bryan Sivak, Chief Technology Officer - he welcome and moderated
- Megan Smith, U.S. Chief Technology Officer (invited-attended) - she welcomed, made some remarks, and left

There were six HHS Entrepreneurs Cohort 2 Presentations, some with slides and others without slides. None of them were really what I call a data science approach to data infrastructure and data publications.

The four new project teams – consisting of HHS employees and an Entrepreneur-in-Residence will work for a 12 month period to solve an identified problem, employ the use of startup methodologies, like agile development, lean startup, and design thinking, and contribute to the HHS IDEA Lab’s goal of change the culture of the Department.

The four new projects with my comments below are:

- **Improving Beneficiary Access to Health Information**: Redesign the CMS Blue Button to enable it as a Data-as-a-Service platform to empower patients and enable the use of the data with third party applications
  - This should be done with each application that is developed like I showed in the VA Blue Button Contest and VA Blue Button Dynamic Case Management
- **Digital Media, Aging, and Disability: What Works & Why**: The Administration for Community Living (ACL) wants to explore how the aging and disability communities are using technology and new media to learn about and manage services.
  - Again applications should by data services, Section 508 compliant, and author once-serve many.
- **Modernizing CDC Mortality Data & Analytic Tools**: The Centers for Disease Control and Prevention (CDC) is undertaking a project to create the next generation Electronic Death Registration System (EDRS) to obtain more timely mortality data and provide tools for meaningful analysis of these data.
I met with Brian Lee and he encouraged me to apply for this because they wanted a data scientists that could do dashboards which I did for them with their Health United States 2013.

- Innovative Design, Development and Linkages of Databases: As the largest funder of biomedical research in the world, U.S. Department of Health and Human Services (HHS) directly and indirectly generates massive amounts of scientific data through research, grants, and contracts. The HHS Office of the Chief Information Officer and the HHS IDEA Lab want to build an innovative strategy to design, develop and link public-facing research database applications for the HHS.

I met with Bryan Sivak and Damon Davis and they encouraged me to apply for this, which I did using this data science work in this wiki page.

MOTE TO FOLLOW FROM MEETUP

HHS Welcomes a New Surge of Talent to Solve Some of the Biggest Challenges in Health Care and Government

Source: http://www.hhs.gov/idealab/2014/11/1...nd-government/

November 13, 2014

Today, Bryan Sivak, U.S. Department and Health and Human Services Chief Technology Officer, announced the newest cohort of HHS Entrepreneurs-in-Residence. Part of the Secretary’s Initiatives to better serve the American people, the HHS Entrepreneurs-in-Residence program matches HHS employees with external expertise to work on a high risk high reward projects over a 13-month period.

Selected from amongst the most talented pool of applicants yet, the Entrepreneurs-in-Residence have a diverse experience from co-founding companies – like Mark Scrimshire, who co-founded HealthCa.mp, a consumer-focused health care company, or Danny Boice, who co-founded Speek, a company that is simplifying conference calling and screen sharing – to data science, like Paula Braun, who led a team of data scientists and software engineers to provide analytics and advanced statistical programming for a federal financial regulator agency – to big data and IT development, like David Portnoy who has spent nearly 20 years building innovative big data applications for enterprise clients.

Today’s announcement culminates a nearly nine month process in the development of the 3rd Cohort of HHS Entrepreneurs-in-Residence. In February, the HHS IDEA Lab recruited project ideas from HHS Employees and announced the selected projects in May. Projects were selected based on their potential impact and use of innovative solutions to overcome barriers to progress. From there, we called on the entrepreneurs of America to serve their country and work in government to take on problems like the modernization of data bases, to analyzing the use of social media with the aging and disability population.

Together, each project team – consisting of HHS employees and an Entrepreneur-in-Residence will work for a 12 month period to solve an identified problem, employ the use of startup methodologies, like agile development, lean startup, and design thinking, and contribute to the HHS IDEA Lab’s goal of change the culture of the Department.

Full project descriptions and bios can be found below.
Improving Beneficiary Access to Health Information

Project Description: The Centers for Medicare & Medicaid Services (CMS) want to redesign the CMS Blue Button to enable it as a Data-as-a-Service platform to empower patients and enable the use of the data with third party applications. Read more >>

HHS Lead: Niall Brennan

Entrepreneur-in-Residence: Mark Scrimshire

About Mark: Mark is a lifelong IT ninja and data guru who has led teams in high technology industries from healthcare to telecommunications and software. Prior to joining CMS, Mark co-founded Medyear where, as CTO, he played a lead role in developing the first Consumer-Mediated Exchange built on BlueButton Plus, Direct and Big Data technologies. Previously, Mark led the cloud-platform initiative for 3M Health Information Systems, implementing a cloud-based big data platform to support ICD-10 Computer-Assisted Coding. Before that he served as Internet Channel Strategist for CareFirst BlueCross BlueShield. While at CareFirst, Mark established the HealthCa.mp Foundation, an organization that runs international “un-conferences” to promote both consumer engagement in health care systems design and the adoption of modern web technologies to solve our health care challenges.

Mark’s LinkedIn

Digital Media, Aging, and Disability: What Works & Why

Project Description: The Administration for Community Living (ACL) wants to explore how the aging and disability communities are using technology and new media to learn about and manage services. Read more >>

HHS Leads: Jason Bennett, Scott Cory

Entrepreneur-in-Residence: Danny Boice

About Danny: Danny Boice, a through and through entrepreneur and Lean Startup disciple, co-founded Speek in 2012 and ran product, tech and marketing for the funded startup. Speek is a venture funded startup which allows millions of users to do conference calls without annoying phone numbers and PINs. Danny attended Harvard undergrad, is a Forbes columnist, Adjunct Professor at Georgetown, a Tech Titan by Washingtonian Magazine, and has been published in numerous major publications.

Danny previously served as an Executive for The College Board. Danny’s responsibilities included launching new products and driving technology innovation in the arena’s of web, mobile, social and other cutting edge digital domains across all of these programs and constituents.

Prior to working at The College Board, Danny served as the Chief Technology Officer for CommuniClique where he led the development of their cloud-based product while establishing and growing their Open API / Developer Community. He also served as Vice President at Pantheon leading several high visibility web and mobile product development projects for Fortune 500 clients. Boice joined Pantheon in 2006 when they acquired Jaxara – a company he founded in 2002.
Modernizing CDC Mortality Data & Analytic Tools

Project Description: The Centers for Disease Control and Prevention (CDC) is undertaking a project to create the next generation Electronic Death Registration System (EDRS) to obtain more timely mortality data and provide tools for meaningful analysis of these data. Read more >>

HHS Lead: Brian A. Lee

Entrepreneur-in-Residence: Paula Braun

About Paula: Paula, a Data Scientist with Elder Research, Inc, where she lead a team of Data Scientists and Software Engineers to help federal regulators identify risks in financial markets using data mining and advanced analytics. Paula began her career as a Presidential Management Fellow with the CDC and went on to work as an analyst at the Government Accountability Office. With a strong commitment to public service and a desire to broaden her experience, Paula deployed to Iraq and Afghanistan to audit wartime spending with the Special Inspector General for Iraq Reconstruction and the Special Inspector General for Afghanistan Reconstruction. After two years of living and working in active war zones, Paula returned to graduate school to study data science and predictive analytics. Paula also has taught for Emory University’s Executive Masters of Public Health program.

Innovative Design, Development and Linkages of Databases

Project Description: As the largest funder of biomedical research in the world, U.S. Department of Health and Human Services (HHS) directly and indirectly generates massive amounts of scientific data through research, grants, and contracts. The HHS Office of the Chief Information Officer and the HHS IDEA Lab want to build an innovative strategy to design, develop and link public-facing research database applications for the HHS. Read more >>

HHS Leads: Damon Davis and Keith Tucker

Entrepreneur-in-Residence: David Portnoy

About David: A seasoned big data entrepreneur and startup shepherd, David has been developing applications for enterprise clients and helping startups get their data driven technology products to market. Most recently, David built a first of its kind transaction based marketplace for medical services for Symbiosis Health, a Blueprint Health backed startup. Prior to Symbiosis, he created a technical product roadmap for the nation’s largest claims data repository for BlueCross, designed automation of healthcare economics reporting for WellPoint, and applied agile methods to build big data systems for enterprises like IBM, Sears and Office Depot. David started his career at AT&T, where he implemented large scale enterprise systems and data warehouses for some of the world’s largest call centers. He continues to mentor health technology startups in Chicago, as well as companies accepted to the HealthBox accelerator. David has degrees in Computer Science and Electrical Engineering and an MBA from Washington University in St. Louis.
About the HHS Entrepreneurs-in-Residence Program

Now in its third cohort, the HHS Entrepreneurs-in-Residence program has been a vehicle for solving problems ranging from the modernization of the organ transplant system, to the improvement of government processes, to increasing the usability of government databases. To date, the HHS Entrepreneurs-in-Residence program has recruited 20 entrepreneurs from the private sector into government to work with HHS employees on a total of 13 projects. For more information about HHS Entrepreneurs, please contact Julie Schneider (Julie.schneider@hhs.gov).

Tune into the HHS IDEA Lab’s Entrepreneurs-in-Residence Day
November 13, 2014

Source: http://www.hhs.gov/idealab/2014/11/0...vember-132014/

Join the HHS IDEA Lab and HHS leadership on November 13, 2014 from 10:30 AM – 12:15 PM ET for the HHS IDEA Lab Entrepreneurs-in-Residence Day featuring six entrepreneur-in-residence teams that have been working for 13 months to solve some of the biggest challenges in government and health care.

We invite you to tune in to hear from Cohort 2 participants of the HHS Entrepreneurs-in-Residence Program who will present their accomplishments, lessons learned and next steps on six high-risk high reward projects. Projects cover a number of topics ranging from geographic information systems (GIS) mapping, to health information exchanges to streamline transitions of care for patients, to an improved publication planning and clearance process focused on measuring the impact of HHS communications materials.

HHS has strong assets and leadership to create and develop new products but in some instances, lacks the expertise to get us there. The HHS Entrepreneurs-in-Residence program aims to bring external ideas and talent in areas including open innovation, agile development, and lean methodologies to rapidly create, develop, engage and accelerate innovation and problem solving. The HHS Entrepreneurs-in-Residence Program helps HHS employees recruit the expertise they are looking for and bring them into federal government.

This is a great opportunity to learn more about the HHS Entrepreneurs-in-Residence Program and how HHS employees are identifying critical problems and finding innovative solutions. The full agenda is below.

November 13, 2014 | Register for the Webinar Now!

Full agenda below.

Welcome and Introduction

10:30 a.m. ET
Bill Corr, Deputy Secretary
Bryan Sivak, Chief Technology Officer
Megan Smith, U.S. Chief Technology Officer (invited)

HHS Entrepreneurs Cohort 2 Presentations

10:45 a.m.
Centers for Medicare and Medicaid Services: Modernizing the National Plan and Provider Enumeration System

11:00 a.m.
Office of the Assistant Secretary for Public Affairs: Publication Planning and Clearance Process Improvement

11:15 a.m.
Health Resources and Services Administration: Cloud-Based GIS Maps Displaying Aggregate Medical Malpractice Data

11:30 a.m.
Administration for Children and Families: Building a Design-Minded and More Collaborative Office of Family Assistance

11:45 a.m.
Office of the National Coordinator for Health Information Technology: Health Information Exchange Accelerators

12:00 p.m.
HHS Immediate Office of the Secretary: Innovator-In-Residence Projects in Partnership with WestHealth

Tell us what you think: How can we use technology to reach the under-served?

October 22, 2014 Email

Tell us what you think: What can we do to help use the power of information and communication technologies to reach every population that HHS serves?

The Department of Health and Human Services (HHS) is the U.S. government’s principal agency for protecting the health of all Americans and providing essential human services, especially for those who are least able to help themselves. Our work reaches Americans in nearly all areas of health and wellness, in rural and urban areas, and across all stages of life. In all these arenas, technology and data has helped drive innovation and improvements in services. Still, there are some underserved communities; including low income or working poor families, geographically
isolated areas, some communities of color and other vulnerable groups; which are not benefiting from the full impact of the massive wave of technological innovation that is foundational to health and social services improvement.

Some have questioned whether the brainpower of technology entrepreneurs is being directly focused or fully utilized to combat some of our nation’s biggest challenges. We have so many apps and gadgets to make our lives more efficient and convenient, yet products and solutions designed with and for vulnerable populations are in short supply, suggesting the existence of an innovation gap.

The explosion in health technology has brought us everything from iPads in the emergency room to advanced artificial limbs; and importantly a new industry in mobile health tech. With all this innovation, it is worth asking ourselves: What can we do to help use the power of information and communication technologies to reach every population that HHS serves?

At the HHS IDEA Lab, we have been scanning the environment to learn more about this problem. First we asked - Do vulnerable populations, minority communities, and those with lower socioeconomic status have access to health information technology, mobile phones and the internet?

The answer to this question is a resounding YES. Even though there is still a digital divide in the US, it is shrinking.

According the Pew Research Center’s Internet and American Life Project [1], 84% of adults with income below $30,000 had cell phones, and 47% owned smartphones. Mobile and smart phone ownership is higher among Latino adults, 92% and 61% versus 90% and 53% for white populations, respectively. Older Americans reported that 59% of them go online, and surprisingly 61% of those 80 years of age or older own cell phones.

In the September, 2014 issue of Telemmedicine and eHealth [2], researchers published the results from a multisite survey with homeless veterans. Their results indicated that 89% of subjects had a mobile phone, and 76% used the Internet; nearly all reported that they wanted to use the technology to help manage their health care.

Finally, we know that the HHS supported Federally Qualified Health Centers (FQHCs) have higher rates of electronic health record adoption than office-based physicians and other large practices. A Commonwealth Fund study from May 2014 found that fully 93% of nationally surveyed FQHCs have an electronic health record system in place. [3]

Unfortunately, this growing trend of mobile and other technology adoption by the populations served by HHS is not being matched by innovative ideas and solutions designed to meet their specific needs. For example, a quick search of “eviction” in a well-known app store found over a dozen products for landlords and property owners to help them manage their tenants; and only a few with guidance for people looking to find resources or information about how to avoid eviction.

There are some ground-breaking examples of technology solutions that bridge the innovation gap. HealthShack is a web-based, electronic personal record that allows youth to upload everything from health records to school transcripts in a secure environment. It was designed in 2009 in California, for and with vulnerable teenagers and youth. HealthShack is unique in that it is youth-controlled and targeted towards homeless, foster care and other marginalized youth. It was highlighted at this year’s Consumer Health IT Summit, organized by the Office of the National Coordinator for Health IT at HHS (ONC) [4]. HealthShack is an example of a technology solution that is bridging the innovation gap, but we have

https://semanticommunity.info/Data_Science/Data_Science_for_the_HHS_IDEA_LAB
Updated: Tue, 04 Jun 2019 00:23:53 GMT
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found that non-profit and community organizations are often too overwhelmed to find time or resources to develop responses for their increasingly tech savvy clients.

Our initial scan revealed some additional contributors to the problem:

- “There are no financial incentives for developers to focus efforts on the targeted populations”
- “There is low IT literacy within non-profits”
- “People would have no money to purchase the innovations if they did exist”
- “Time is too scarce for low income families to learn new technology”
- “Rural areas have too little broadband access”
- “Privacy & security concerns prevent people from being willing to share personal information”
- “The language & accessibility challenges are too difficult to overcome”
- “Donor and foundations have little or no interest”
- “Developers have little information about these "markets" (they don't know what they want/need)”

HHS IDEA LAB is looking for your thoughts, ideas and input on this issue.

Do you think the assumptions and barriers listed above are true, or is something else at work?

What do you think is the cause behind this innovation gap; and how can HHS spur more solutions?

Or, if you prefer, you can send your input and ideas to allyn.moushey2@hhs.gov or tweet to us at @HHSIDEALab.


[4] Learn more about HHS’s work on Consumer Health IT at http://www.healthit.gov/policy-researchers-implementers/consumer-ehealth-program

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**Story**

**Data Science, Data Infrastructure, & Data Publications for the HHS IDEA Lab**

Today I attended the HHS IDEA Lab Shark Tank & Demo Day at the main HHS Headquarters in Washington, DC. See the Media Advisory, latest description of the HHS IDEA Lab, and the agenda for the demo day below.

I spoke with one of the "Shark Panelists", Dr. Taha Kass-Hout, about our upcoming FDA Data Innovation Lab and Predictive Analytics Meetup on October 6th and the FDA Data Innovation Lab Visualization Gallery we have produced for 41 FDA data sets.
I also spoke with HHS IDEA Lab Director and CTO, Bryan Sivak, about a Meetup on December 1st for the HHS Innovator Community at the Federal Big Data Working Group Meetup. Earlier at PAWG 2014, I discussed with Damon Davis, Health Data Initiative Director, that because 5 parts of HHS (CDC, FDA, AHRQ, NIH, and OASPR) have agreed to comply with the so-called "Whitehouse Science Advisor John Holdren Memo" to make their research data sets available to the public, we are working on linking the site map contents across those agencies.

So I put together a draft agenda for the December 1st Meetup by inviting the two best data-driven applications I heard as follows:

- **6:30 p.m. Welcome and Introduction – Report on Recent HHS IDEA Lab Demo Meeting with Bryan Sivak (invited) and Damon Davis (invited) and HHS Data Science Data Publication Tutorial Slides**

- **6:45 p.m. GINAS: Advancing FDA’s Ingredient Information System, Noel Southall (invited), National Institutes of Health (also FDA involved)**
  - FDA has articulated its vision for a next-generation data system that serves as the central clearing house for ingredients in medical products. Meanwhile, the National Center for Advancing Translational Science at NIH has created its own substance tracking system to facilitate research efforts. Working with the FDA, this NIH team will test their software as a solution in the FDA environment.

- **7:30 p.m. Brief Member Introductions and Refreshment Break**

- **7:45 p.m. Fostering Scientific Insight through Data Federation, Brock Smith (invited), National Institutes of Health**
  - This cross-departmental team consisting of individuals representing NIH, FDA and CDC recognizes a problem affecting scientists and their research goals. Because of the breadth and variety of resources, NIH researchers have difficulty synthesizing existing public data with their internally produced research findings and thus can easily lose valuable scientific insight. The team is testing the value of a web platform called SEMOSS that is designed to aggregate existing, fragmented health data while leveraging data analytic and visualization tools to enable scientists’ intuitive analysis and synthesis in their research.

- **8:30 p.m. Open Discussion**

- **8:45 p.m. Networking**

- **9:00 p.m. Depart**

We will be doing data science on the data sets being used in the NIH/FDA GINAS and NIH/FDA SEMOSS Data Federation and Analytics in preparation for this December 1st meetup and all are welcome to participate.

The HHS IDEA Lab is cultivating innovation for a more modern and effective government. They are striving to better harness the talent of the workforce at HHS and remove barriers HHS employees are faced with so they can act. They are doing this through a three pronged approach:

- Encouraging internal entrepreneurship by investing in HHS employees;
- Recognizing they don’t have all the answers inside government and are bringing in external talent to help; and
- Building communities of like-minded people across HHS to take on issues of strategic importance.

Dependent on the starting point, they want to help HHS Employees formulate, test, measure and possibly scale your idea.

In their own words: To put it bluntly, we want to help HHS Employees formulate, test, measure and possibly scale your idea.

In their own words: To put it bluntly, we want to take on the hard problems – like procurement, paperwork reduction act, and open data – and make them strengths of the Department. You can get involved right away! We are accepting applications for HHS Ignite, our internal accelerator for new ideas October 1 – 31, 2014. Participants of HHS Ignite have
3 months to flesh out their idea and test their solution to a vexing problem before presenting their product and results to Senior Leadership and pitching for continued funding and support.

So our Meetup is supporting the FDA Data Innovation Lab and the HHS Idea Lab by having two Meetups in the next three months (October 6th and December 1st). We are encouraging entrepreneurship, bringing external talent to help, and building communities of like-minded people.

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**Media Advisory**

Source: Email September 25, 2014

FOR IMMEDIATE RELEASE
September 25, 2014
Contact:
Steven Randazzo
202-260-6568
Steven.Randazzo@hhs.gov

Media Advisory for September 30, 2014, 10:30AM – 12:30AM

HHS IDEA Lab Hosts Demo Day for 11 Teams to Pitch Potentially Game-Changing Projects for Continued Support to HHS Senior Leadership

The U.S. Department of Health and Human Services (HHS) IDEA Lab is hosting the HHS IDEA Lab Shark Tank and Demo Day on September 30, 2014 from 10:30 AM – 12:30 PM. Teams from the Department’s internal accelerator will present findings and demo prototypes for additional support to HHS senior leadership, including CTO Bryan Sivak, Assistant Secretary for Administration Ned Holland, Director for the Agency for Healthcare Research and Quality Richard Kronick and Administrator for the Health Resources and Services Administration Mary Wakefield. The purpose of the internal accelerator is to find and test new solutions to important problems in government and health care. Projects cover areas from open data, to process improvement, to the testing of new technologies in government.

WHO: Bryan Sivak, HHS Chief Technology Officer and Entrepreneur in Residence

Ned Holland, Assistant Secretary for Administration

Richard Kronick, Director, Agency for Healthcare Research and Quality

WHAT: HHS IDEA Lab Shark Tank and Demo Day featuring 11 teams participating in the Department’s internal accelerator for new ideas, HHS Ignite. Teams have been working for three months to test and prove their ideas that have the potential to dramatically improve how the government operates. Teams will present their findings and pitch to HHS senior leadership for continued support in this rapid-fire format. More information on HHS Ignite can be found at [http://hhs.gov/idealab/pathways/hhs-ignite](http://hhs.gov/idealab/pathways/hhs-ignite)

The HHS IDEA Lab supports people and projects working to create a more efficient and effective government for a more modern health and human services system. Learn more about the IDEA Lab at [http://hhs.gov/idealab](http://hhs.gov/idealab).
WHEN: September 30, 2014, 10:30AM – 12:30PM ET

WHERE: U.S. Department of Health and Human Services
Hubert Humphrey Building,
200 Independence Ave S.W. Washington, DC
Room 800 (top floor)

What is the HHS IDEA Lab?

Source: September 30, 2014 Email

Across our 11 agencies, the U.S. Department of Health and Human Services is teeming with talented individuals who work to protect the health of the American people and provide critical human services.

Many of these individuals have new ideas or have identified game-changing solutions to problems in government and health care but have no way of acting on them.

That’s where the HHS IDEA Lab comes in.

At the HHS IDEA Lab we are cultivating innovation for a more modern and effective government. We are striving to better harness the talent of the workforce at HHS and remove barriers HHS employees are faced with so they can act. We are doing this through a three pronged approach:

• We are encouraging internal entrepreneurship by investing in HHS employees;
• We recognize that we don’t have all the answers inside government and are bringing in external talent to help; and
• We are building communities of like-minded people across HHS to take on issues of strategic importance.

Dependent on the starting point, we want to help HHS Employees formulate, test, measure and possibly scale your idea.

To put it bluntly, we want to take on the hard problems – like procurement, paperwork reduction act, and open data – and make them strengths of the Department.

You can get involved right away! We are accepting applications for HHS Ignite, our internal accelerator for new ideas October 1 – 31, 2014. Participants of HHS Ignite have 3 months to flesh out their idea and test their solution to a vexing problem before presenting their product and results to Senior Leadership and pitching for continued funding and support.

Our goal at the HHS IDEA Lab is to create a more modern and effective government. See if you can help and become part of the HHS community of innovators.

The HHS IDEA Lab Shark Tank & Demo Day

Source: http://www.hhs.gov/idealab/2014/09/2...tank-demo-day/
When: Tuesday | September 30, 2014 | 10:30am – 3:30pm ET

Where: Hubert H Humphrey Building, Top Floor: Room 800 200 Independence Ave SW, Washington, D.C.

The Panelists (Our ‘Sharks’)

Ned Holland, HHS Assistant Secretary for Administration
Richard Kronick, Director, AHRQ
Rebecca Spitzgo, Director, Bureau of Health Workforce, HRSA
Taha Kass-Hout, Chief Health Informatics Officer, FDA
Mark Rohrbaugh, Director, Office for Technology Transfer, NIH
Juliana Cyril, Director, Office of Technology & Innovation, CDC
Emily Barson, Principle Deputy Director, HHS Intergovernmental & External Affairs
Richard Aragon, Director, HHS/ASFR Division of Program Integrity Integration & Oversight
Dean Chang, Vice President of Innovation and Entrepreneurship, University of Maryland

In the morning, hear the 11 teams pitch their projects.

Teams will have a 4 minute presentation followed by 5 minutes of QnA with their panel of Sharks. Slides and Video allowed. It’ll be casual enough for you to come in and out easily. Oh, and we’ll have coffee.

Presentations

Improving Access to Health Care Using a Fast Track System

Hospitals of the Indian Health Service (IHS) have constant issues of long wait times and an overcrowded Emergency Department, in part because many tribal patients use the Emergency Department of IHS hospitals as walk-in clinics for non-emergency issues. This team from the Whiteriver Indian Hospital, a rural IHS hospital located in the White Mountains of Arizona serving approximately 17,000 tribal members, is exploring new Emergency Department intake processes with the goal of reducing wait times and providing higher quality care to those they serve.

Presented by: Marliza Rivera, Indian Health Service

Revisiting an Annual Report to Congress

The Quality and Disparities Report (QDR) is an annual report from AHRQ to Congress on national trends in the quality of health care and the prevailing race and socioeconomic disparities in health care delivery. The QDR tracks and reports on more than 250 health and health care performance measures from more than 45 data sources. It currently takes more than a year to produce these annual reports. This team is testing the value of certain formats and features of the report in order to increase the report’s value-adding elements while redirecting efforts away from less pertinent elements.

Presented by: Elizabeth Bishop, Agency for Healthcare Research and Quality
Student Loan Data Sharing with the Department of Education

HRSA’s Bureau of Clinician Recruitment and Service administer four Loan Repayment Programs (LRPs): The National Health Service Corps, the Nurse Corps, the Students-to-Service LRP, and the Faculty LRP. All programs require that eligible education loans be submitted for review through the HRSA, which houses the LRP online application and review functionalities. Review of loan documents, against information provided by applicants, has proven to be a lengthy, cumbersome task. In 2013, more than 70,000 loan documents were reviewed manually by analysts. However, recent findings suggest that 80% of loans submitted by HRSA were actually administered by the US Department of Education.

This cross-federal team will pilot a data sharing technology implementation between HRSA and the Department of Education in order to automate processes that are currently done manually. The long-term vision of this effort is to integrate the National Student Loan Data System with the BCRS Management Information System Solution in order to electronically receive the data needed to verify loan eligibility.

Presented by: Jamie Elliot, Health Resources and Services Administration

Upgrading the Genetic Variable Search

The National Health and Nutrition Examination Surveys (NHANES) have collection of DNA and genetic datasets. NHANES genetic data is restricted thus available through a proposal process. Lists of NHANES genetic variables are available via PDF which does not meet the current and future needs of researchers. This team is testing the value of an online searchable database that would increase accessibility and will allow for more research using NHANES genetic data.

Presented by: Jody McLean, Centers for Disease Control & Prevention

Enhancing CMS Outreach with Coordination Solutions

CMS conducts nationwide educational outreach supporting the Health Insurance Marketplaces. Organizations across CMS are fragmented in the means by which they reach potential marketplace beneficiaries. In addition, there are few systems or resources enabling CMS outreach staff across (geographically or organizationally) distinct offices to be aware of each others’ efforts; thus, coordination of outreach efforts (e.g., mutually reinforcing messaging) is rare, often only possible through informal, circuitous, manual routing of questions and information. This team is testing the value of a platform offering multiple administrative features and resources including directories, events schedules, project plans, and reports.

Presented by: Jermaine Burkhalter, Centers for Medicare & Medicaid Services

Resourcing Community Ideas Regionally

HHS Regional Operating Divisions and Regional Staff Divisions are organizationally distinct but have many intersecting priorities and stakeholders in their given geographic areas. Problems in coordination across divisions result in inefficiencies and a lack of collaboration. This team led by SAMHSA staff from the Philadelphia regional office is testing a variety of communication processes that seek to reduce redundancy and improve clarity and consistency of messaging to internal and external stakeholders.
Presented by: Jean Bennett, Substance Abuse and Mental Health Services Administration

**The CDC Open Idea Lab**

Operating within a large bureaucracy (CDC), the National Center for Birth Defects and Developmental Disabilities is seizing on the opportunity to better support innovation from within its ranks and further engage the problem-solving and creative abilities of the agency’s staff. The team is testing the efficacy of educational and cultural programming, and organizational and physical safe spaces with the goal of empowering CDC staff and improving the likelihood and feasibility of internally-grown solutions.

Presented by: Erica Reott, Centers for Disease Control and Prevention

**GINAS: Advancing FDA’s Ingredient Information System**

FDA has articulated its vision for a next-generation data system that serves as the central clearing house for ingredients in medical products. Meanwhile, the National Center for Advancing Translational Science at NIH has created its own substance tracking system to facilitate research efforts. Working with the FDA, this NIH team will test their software as a solution in the FDA environment.

Presented by: Noel Southall, National Institutes of Health

**Automatic X-Ray Screening for Rural Areas**

Imaging scientists in the NIH National Library of Medicine have developed and are currently testing an algorithm that machine-detects tuberculosis by analyzing chest x-ray images. The algorithm has passed several early stages measuring accuracy and efficacy, but because imaging experts who are able to program the algorithm to read x-rays are not readily available in rural areas, further development is needed to make the tool intuitive to use in the field and by relatively untrained technicians. This team is testing the feasibility and value of the algorithm in the field, which may be achieved with the design of a user interface.

Presented by: Sameer Antani, National Institutes of Health

**Fostering Scientific Insight through Data Federation**

This cross-departmental team consisting of individuals representing NIH, FDA and CDC recognizes a problem affecting scientists and their research goals. Because of the breadth and variety of resources, NIH researchers have difficulty synthesizing existing public data with their internally produced research findings and thus can easily lose valuable scientific insight. The team is testing the value of a web platform called SEMOSS that is designed to aggregate existing, fragmented health data while leveraging data analytic and visualization tools to enable scientists’ intuitive analysis and synthesis in their research.

Presented by: Brock Smith, National Institutes of Health

**Increasing NIH Clinical Center Research Interns and Internships**

The NIH Clinical Center Office of Clinical Research Training and Medical Education has recognized an opportunity to increase the accessibility of internships to a broader pool of candidates by using remote technologies. The number of
internship opportunities has gradually decreased due to lack of funding. The team is developing a standard procedure to be piloted and measured whereby remotely managed interns perform research with NIH Clinical Center health professionals, clinicians, and researchers. The ultimate goal would be to increase the research productivity at the NIH Clinical Center while simultaneously providing a vastly increased number of interns with a unique and specialized research experience.

Presented by: Terra Miller, National Institutes of Health

In the afternoon, it'll be more casual.

Hang around or stop by for any bit of time in the afternoon. This is also open to everyone.

12:30pm-2:00pm ET: Coffee and Networking
Open House! Come meet the Ignite teams and IDEA Lab staff.

2:00pm-3:30pm ET: Panel Discussions
Join a discussions on "Innovating in Government" with current and past Ignite teams.

Hope you can join us!

HHS Ignite Application

Source: http://www.hhs.gov/idealab/what-we-do/hhs-ignite/

Eligibility

All HHS employees are eligible to apply to get into the Incubator. Teams of up to 5 may include individuals from outside of HHS or from outside government. However, Project Leads must be a full-time employee (FTE) of the Department.

Teams should collectively hold the skillsets and expertise to act on their ideas starting on day 1.

We Begin Accepting Proposals Again in October, 2014

Proposals for the most recent round of HHS Ignite support were accepted from March 3 through March 28th of 2014. Folks on the HHS network can browse all submitted proposals (link only available for HHS employees).

We will begin accepting proposals for the Winter 2015 Class of Ignite (which runs from January to April 2015) on October 1, 2014. Please stay tuned for more information as that date approaches.

Interested in Applying?

We begin accepting applications on October 1st. On that day, we'll provide a link here that will take you to a different webpage with a simple form to complete there. You'll hit submit and then we'll send you a confirmation email.

The proposal will ask you the following questions:
The Scoring Criteria and Selection Process

Proposals submitted into Ventures are evaluated by a panel of Reviewers based on the following criteria:

- The project’s importance to the Office, Agency and/or Department [20 points]
- The potential impact of the proposed solution. [40 points]
- The proposal’s understanding and explanation of the problem that needs to be solved. [20 points]
- The proposal’s understanding of the customers that the project serves. [20 points]

Teams submitting the top proposals will be asked to present and discuss their project with members of the HHS Innovation Council. The Council will make recommendations to the Secretary who will make the final selection. For a schedule of the selection please click on the “Key Dates” tab above.

Story

Data Science for the HHS IDEA LAB and Innovative Design, Development and Linkages of Databases Fellowship: My Tribute to George Thomas

This story started with attending the HDC Webinar: The HHS HDI Strategy & Execution Plan and reading The New HHS Health Data Strategy and Execution Plan. Then I applied for the Innovative Design, Development and Linkages of Databases Fellowship.

While I am waiting to hear back about the Fellowship, I decided to do some Innovative Design, Development and Linkages of Databases starting with the HHS IDEA LAB.

Mining their web site, it is apparent the following are linked: The People, The Projects, Our Pathways, and The Blog (79 Blogs), but exactly how? Could a Data Scientists like myself construct a table that captures those linkages? That is a good and useful challenge to show my capabilities and could be a pilot of the bigger project across HHS.

I found that the first statement: "help plan and organize a scheme to interlink all governmental computers for public access" and the second statement: "create a solution to HHS’s current problem of multiple, disparate data sources" that need "data linkages across the organization", seem to be inconsistent. I interpret the problem statement as that of federating selected information (scientific research information and open data) on HHS computers so it looks like it originated from one place, but actually resides with its originators who maintain it. The best example of this I know of in the Federal Government, and have worked with, is the Annual Statistical Abstract of the Census Bureau based on inputs
for over 200 statistical programs in over 70 agencies. The best example that HHS has appears to be their Health United States 2013 produced by the CDC.

So lets do some Innovative Design, Development and Linkages of Databases for the IDEA LAB and Health United States 2013. And then lets make them Data Publications for Data Browsers.

The approach the IDEA Lab takes is based on four tenets:

- Innovation is a direct result of the freedom to experiment.
- Design is critical to effectively communicate ideas.
- Entrepreneurship allows us to take advantage of underutilized talent.
- Action, above all else, is encouraged.

### Data Dictionary

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<th>Term</th>
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<td>Presidential Innovation Fellows</td>
<td>PIF</td>
<td>The Presidential Innovation Fellows (PIF) program pairs top innovators from the private sector, non-profits, and academia with top innovators in government to collaborate during focused 6-13 month “tours of duty” to develop solutions that can save lives, save taxpayer money, and fuel job creation.</td>
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<td>Sammies</td>
<td>The Samuel J. Heyman Service to America Medals (Sammies)</td>
<td>The Samuel J. Heyman Service to America Medals (Sammies) pay tribute to America’s dedicated federal workforce, highlighting those who have made significant contributions to our country. Honorees are chosen based on their commitment and innovation, as well as the impact of their work on addressing the needs of the nation.</td>
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<th>HHS Innovates</th>
<th>Celebrating HHS Trailblazers</th>
<th>HHS Innovates is aimed at building a culture of innovation at the Department through facilitating the exchange of innovative ideas. This contest recognizes and rewards good ideas, and also helps promote them across the Department. To date, HHS employees have submitted nominations of innovations for nearly 500 exciting new staff-driven innovations, and our employees have cast over 60,000 votes during the community-voting phase.</th>
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<td>HHS Entrepreneurs</td>
<td>Paring Internal Ideas with External Expertise</td>
<td>Pairing Internal Ideas with External Expertise. Established in 2012, HHS Entrepreneurs was the model for the Presidential Innovation Fellows Program. HHS has worked to attract entrepreneurial talent to create a culture that supports intelligent risk-taking and accelerates innovation. This pathway partners federal staff working on high-risk, high-reward projects with external entrepreneurs for a 12-month fellowship.</td>
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<td>HHS Innovator-In-Residence</td>
<td>Solving Shared Problems Through Partnerships</td>
<td>The HHS Innovator-in-Residence is a partnership in which private, not-for-profit organizations sponsor a position to be filled by an individual with an entrepreneurial and innovative background to work on a problem of common interest to HHS and the partner organization.</td>
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<td>HHS Ignite</td>
<td>Incubating New Ideas</td>
<td>HHS Ignite catalyzes early-stage project ideas that can be completed within very compressed time frames. Teams selected into HHS Ignite are guaranteed an appropriate amount of their time to complete the project. By exposing teams to a network of innovators and equipping them with the methodologies and tools used by successful startup companies, HHS Ignite provides a space in which small teams can try something new in a startup environment.</td>
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<td>J. Todd Weber, Centers for Disease Control and Prevention</td>
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</table>

**Projects**

I designed this linked data table so I could link to the Projects below, visualize the attributes of the Projects in Spotfire Filters, and link out to the Related Links.

https://semanticommunity.info/Data_Science/Data_Science_for_the_HHS_IDEA_LAB
Updated: Tue, 04 Jun 2019 00:23:53 GMT
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<table>
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<tr>
<th>Project</th>
<th>Category</th>
<th>Members</th>
<th>Related Links</th>
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<tr>
<td>Accelerating Clinical Quality Measures for the Affordable Care Act</td>
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<td>Anti-Cancer Research</td>
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<td>Application of Design Thinking to Grants</td>
<td>HHS Entrepreneurs</td>
<td>INTERNAL ENTREPRENEURS: Kathleen Chiarantona, Administration for Children and Families; Blair Corcoran, Administration for Children and Families; Stan Koustaal, Administration for Children and Families; Amelia Popham, Administration for Children and Families; and Keyon Smith, Administration for Children and Families. EXTERNAL ENTREPRENEUR: Jared Goralnick and Amy Ng</td>
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<td>Building Health Resilience Technology to Withstand Natural Disasters</td>
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https://semanticommunity.info/Data_Science/Data_Science_for_the_HHS_IDEA_LAB
Updated: Tue, 04 Jun 2019 00:23:53 GMT
Powered by mindtouch™ 38
<table>
<thead>
<tr>
<th>Project Name</th>
<th>HHS Ignite</th>
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<td>CDCOLOGY: A Microtasking Project</td>
<td>TEAM MEMBERS: Diana Yassanye (Project Lead), Centers for Disease Control and Prevention; Chelsea Cipriano, Department of Health and Human Services; James Rajotte, Centers for Disease Control and Prevention; Jacinta Smith, Centers for Disease Control and Prevention. Project Lead’s Approving Supervisor: Serena Vinter, Public Health Analyst, Office of Public Health Preparedness and Response, Centers for Disease Control and Prevention.</td>
<td>INTERNAL ENTREPRENEURS: Ernia Hughes, Health Resources and Services Administration; Seth Marcus, Health Resources and Services Administration; Harnam Singh, Health Resources and Services Administration. EXTERNAL ENTREPRENEUR: Krishna Malyala</td>
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<td>Cloud-Based GIS Maps Displaying Aggregate Data on Medical Malpractice</td>
<td>TEAM MEMBERS: Emma Sandoe (Project Lead), Center for Medicare &amp; Medicaid Services; Keya Joy-Bush, Center for Medicare &amp; Medicaid Services; Rachel Maisler, Center for Medicare &amp; Medicaid Services; Tony</td>
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https://semanticommunity.info/Data_Science/Data_Science_for_the_HHS_IDEA_LAB
Updated: Tue, 04 Jun 2019 00:23:53 GMT
Powered by mindtouch
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<td>INTERNAL ENTREPRENEURS: Niall Brennan, Centers for Medicare &amp; Medicaid Services; Andy Shatto, Centers for Medicare &amp; Medicaid Services; Chris Cox, Centers for Medicare &amp; Medicaid Services; Allison Oelschlaeger, Centers for Medicare &amp; Medicaid Services; and Kari Gaare, Centers for Medicare &amp; Medicaid Services</td>
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Updated: Tue, 04 Jun 2019 00:23:53 GMT
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<td>Electronic Tracking &amp; Transport of the Nation’s Organ Transplant System</td>
<td>INTERNAL ENTREPRENEURS: Joyce Somsak, Health Resources and Services Administration; and Richard Durbin, Health Resources and Services Administration. EXTERNAL ENTREPRENEUR: David Cartier</td>
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<td>Fast-Screening CE-MS Method for Bacteria Through Protein Pattern Recognition</td>
<td>Team Members: Jose Moreno (Project Lead), Food and Drug Administration; Jose Velez, Food and Drug Administration; Fernando Gonzalez, Food and Drug Administration; Hector Espinet, Food and Drug Administration; Osvaldo Rosario, Food and Drug Administration; and Joseph Bloom, Food and Drug Administration. Project Lead’s Approving Supervisor: Adaberto Cajibas, Supervisory Chemist, Office of Regulatory Affairs, Food and Drug Administration</td>
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<td>FDA-iRISK: A Fast Tool for Food Safety</td>
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<td>Integrating Health Insurance Marketplace Data to Visualize Efforts and Impact</td>
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<td>Joining Forces to Fight Childhood Obesity</td>
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<td>Million Hearts Initiative</td>
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<td>Modernizing CDC Mortality Data and Analytic Tools</td>
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<td>Modernizing the National Plan and Provider Enumeration System</td>
<td>INTERNAL ENTREPRENEURS: Peter Budetti, Centers for Medicare &amp; Medicaid Services; Zabeen Chong, Centers for Medicare &amp; Medicaid Services; and Richard Gilbert, Centers for Medicare &amp; Medicaid Services</td>
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<td>MONAHRQ – My Own Network, powered by AHRQ</td>
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<td>Moving Drug Addiction Science into the Mainstream</td>
<td>Sammies</td>
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<td>Moving Towards Energy Efficient NIH Laboratories</td>
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<td>NIAD FreeStuff: Stretching Tax Dollars</td>
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<td>NIH RePORT: Public Access to Research</td>
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<td>Online Food Handler Training Project</td>
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<td>Sammies</td>
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<td>Superbug Code Breakers</td>
<td>Sammies</td>
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<td>Portal System: Linking Healthcare Clinics</td>
<td>HHS Innovates</td>
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<td>Supporting Tribal Grantees: ACF Makes it Simple</td>
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<td>Preparing for the Zombie Apocalypse</td>
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<td>Publication Planning &amp; Clearance Process Improvement Project</td>
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</tbody>
</table>

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<table>
<thead>
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<th>Team Members</th>
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<td>TEAM MEMBERS: Denise Wells, Office of the Assistant Secretary for Administration; Antonia Harris, Office of the Assistant Secretary for Administration; Kent Slakey, Office of the Assistant Secretary for Administration; Linda Bishop-Milton, Office of the Assistant Secretary for Administration; TJ Powers, Office of the Assistant Secretary for Administration; Donna Sanders, Office of the Assistant Secretary for Administration; and Marcia Gosha-Caldell, Office of the Assistant Secretary for Administration</td>
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<td><strong>The Coal Dust Explosibility Meter</strong></td>
<td>TEAM MEMBERS: Marcia Harris, Centers for Disease Control and Prevention; Cindy Hollerich, Centers for Disease Control and Prevention; Mike Sapko, Centers for Disease Control and Prevention</td>
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<td><strong>HHS Innovates</strong></td>
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Control and Prevention; Tom Savel, Centers for Disease Control and Prevention; Ben Sawyer, RWJF’s Games for Health Project; Tony Tseng, Savannah College of Art and Design, Atlanta; Andrew Greenberg, Georgia Game Developers Association. Project Lead’s Approving Supervisor: Kristin Brusuelas, Senior Liaison Officer, Office of State, Tribal, Local, and Territorial Public Health Professionals, Centers for Disease Control and Prevention
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<td>HHS Ignite</td>
<td>Team Members: Amy Wiatr-Rodriguez (Project Lead), Administration for Community Living; Jennifer Watson, National Institutes of Health; Nina Silverberg, National Institutes of Health; Jane Tilly, Administration for Community Living; Kate Gordon, Administration for Community Living; Hunter McKay, Administration for Community Living; and Angela Deokar, Center for Disease Control and Prevention. Project Lead's Approving Supervisor: Aviva Sufian, Administration on Aging, Administration for Community Living</td>
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<td>The National Database for Autism Research</td>
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<td>TEAM MEMBERS: Rebecca Spitzgo, Health Resources and Services Administration; John White, Health Resources and Services Administration; Prasad Bhalerao, Sapien; Shereef Henien, Sapien; and Mark Laurent, Sapien</td>
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<td>The NLM Pillbox: More Efficient Data Cleanup and Outputs</td>
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<td>Team Members: Darrell Hurt (Project Lead), National Institutes for Health; Nick Weber, National Institutes for Health; Meghan Coakley, National Institutes for Health; Jeremy Swan, National Institutes for Health; Erin Fincher, National Institutes for Health; Terry Yoo, National Institutes for Health; David Chen, National Institutes for Health; and Vsevelod (Seva) Alekseyev. Project Lead’s Approving Supervisor: Yentram Huyen, Chief, Bioinformatics and Computational Biosciences Branch, Office of Cyber Infrastructure and Computational Biology, Nat’l Institute of Allergy and Infectious Diseases, National Institutes for Health</td>
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[Link](https://semanticommunity.info/Data_Science/Data_Science_for_the_HHS_IDEA_LAB)
### Blogs

I designed this linked data table so I could visualize the Blogs in a time series plot, link to the Titles below, and link out to the Author and Comment.

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<td>WHY THE GOVERNMENT SHOULD HIRE MORE PRODUCT PEOPLE</td>
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https://semanticommunity.info/Data_Science/Data_Science_for_the_HHS_IDEA_LAB
Updated: Tue, 04 Jun 2019 00:23:53 GMT
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59
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Linked Data Publication in a Data Browser

The above tables have been copied to a spreadsheet and formatted as linked data tables. The linked data tables are in both relational and graph formats to capture the relationships and visualize them. There is considerable data science and art involved in building the knowledge base, spreadsheets, and interactive dashboard.

There are three parts to this activity as follows:

- A Hack-a-Thon, but with a Scraper Wiki (MindTouch) to produce a detailed Wiki Table of Contents and multiple Spreadsheet Tables for Spotfire analytics; and
- A Code-a-Palooza, but without Code using Spotfire so a very large relational database (Health Datapalooza V Medicare Claims) can be used all in memory for Spotfire analytics.
- A Meetup to mentor and train data scientists and others in creating a series of Data Publications in Data Browsers starting with Health United States 2013 (in process)

The Slides below are screen captures to show the methodology and results.

MORE TO FOLLOW

Slides

Slide 1 HHS IDEA LAB

http://www.hhs.gov/idealab/

Slide 2 Data Science for the HHS IDEA LAB Knowledge Base

http://semanticommunity.info/Data_Science/Data_Science_for_the_HHS_IDEA_LAB
Slide 3 Spreadsheet Knowledge Base 1

http://semanticommunity.info/@api/deki/files/29426/HHSIDEALAB.xlsx

Slide 4 Spreadsheet Knowledge Base 2

http://semanticommunity.info/@api/deki/files/29426/HHSIDEALAB.xlsx
Slide 5 Spreadsheet People

http://semanticommunity.info/@api/deki/files/29426/HHSIDEALAB.xlsx

Slide 6 Spreadsheet Projects

http://semanticommunity.info/@api/deki/files/29426/HHSIDEALAB.xlsx
Slide 7 Spreadsheet Blogs

http://semanticommunity.info/api/deki/files/29426/HHSIDEALAB.xlsx

Slide 8 Spotfire Cover Page

Web Player
Slide 9 Spotfire Data Ecosystem

Web Player

Slide 10 Health, United States, 2013 (in process)

http://www.cdc.gov/nchs/hus.htm
Spotfire Dashboard

For Internet Explorer Users and Those Wanting Full Screen Display Use: Web Player Get Spotfire for iPad App

Research Notes

http://www.hhs.gov/idealab/pathways/hhs-data/

https://healthdata.gov/blog/tom-frieden-data-wonk

https://healthdata.gov/blog/annunci...ed-states-2013

Media, iframe, embed and object tags are not supported inside of a PDF.
In the spreadsheet version data users can perform custom analyses, create graphs, and export results to presentation software. In addition, chartbook figures are linked to PowerPoint charts.

Customize large spreadsheets by:
- Hiding unnecessary rows and columns: Format/Column (or row)/Hide or unhide
- Set print area: File/Print area/Set (use cursor to highlight area)
- File/page setup
- File/Print preview

4. Tutorial – Enterprise and Scientific Data Interoperability using Linked Data

My Note: I could add the previous data science work I have done that matches the Projects like NLM APIs

Innovative Design, Development and Linkages of Databases Fellowship

HHS Chief Technology Officer seeks a 1 year, full time IT fellow who can help plan and organize a scheme to interlink all governmental computers for public access. See the description and links below.

The U.S. Department of Health and Human Services has recently posted an opening for a 12-month fellowship. The goal of this project is to create a solution to the U.S. Department of Health and Human Services’ (HHS) current problem of multiple, disparate data sources that simultaneously meets the requirements of two new White House memoranda (Increasing Access to Results of Federally Funded Scientific Research and Open Data Policy – Managing Information as an Asset). In collaboration with leads from the Office of Chief Information Officer and the Office of the Chief Technology Officer, the candidate selected for this fellowship will work with the relevant research agencies (e.g. the National Institutes of Health, Centers for Disease Control and Prevention, Food and Drug Administration, and Agency for Healthcare Research and Quality) to create a business plan mapping out the way in which HHS can effectively develop data linkages across the organization.
**My Note:** The first statement: "help plan and organize a scheme to interlink all governmental computers for public access" and the second statement: "create a solution to HHS’s current problem of multiple, disparate data sources" that need "data linkages across the organization" seem to be inconsistent.

Established in 2012, HHS Entrepreneurs was the model for the Presidential Innovation Fellows Program. HHS has worked to attract entrepreneurial talent to create a culture that supports intelligent risk-taking and accelerates innovation. This pathway partners federal staff working on high-risk, high-reward projects with external entrepreneurs for a 12-month fellowship.

About the project: [https://www.hhs.gov/idealab/innovate/innovative-design-development-and-linkages-of-databases/](https://www.hhs.gov/idealab/innovate/innovative-design-development-and-linkages-of-databases/)

**My Note:** See my response below.

1. Why do you want to be an external entrepreneur at the Department of Health and Human Services and why do you want to work on the project you selected? *

   Note: I tried to select: Innovative Design, Development and Linkages of Databases, but it was not available.

   Because I have [participated](https://www.healthit.gov/about/health-data/past-hdpanoozahs) in all the Health DataPalooza's with innovative applications and Todd Park praised my work publicly in his HDP session with Damon Davis last year. I find them to be inspirational leaders.

   Because George Thomas was a wonderful friend and colleague over many years and it was a great pleasure for me to give him a Special Recognition for Excellence in my Federal CIO Council role and I would like to see his work on Semantic Linkages of HHS Databases continue.

   Because I know that I can do wonderful things with HHS data by creating data stories and products in a data science knowledge repository that would be world-class!

2. What unique skill sets and/or expertise can you bring to advance the project's objectives? How do you plan to teach these skills to the internal project teams? *

   Ph.D. Data Scientist / Data Journalist with 30+ years of federal service (US EPA Senior Enterprise Architect and Data Scientist), a number very successful Federal CIO Council Leadership Roles (e.g. Semantic Interoperability Community of Practice), and now successful private practice with community service in leading the Federal Big Data Working Group Meetup with a number of health data analyses and a Healthcare.gov application using Data Science and Be Informed. I provided regular tutorials on Practical Data Science for Data Scientists (a George Mason University graduate class I was asked to prepare) at the Meetups. I know how to build data ecosystems of HHS data sets for semantic linking and advanced visualizations in Spotfire. See for example the HealthIT.gov Dashboard.

3. In previous roles, how have you encouraged creativity, risk-taking and problem solving? Please provide a specific example, and explain how you have encouraged colleagues to take risks and implement creative solutions for challenging problems, tasks and issues. *

   I built and sustained multiple communities of practice for the Federal CIO Council (2003-2009) that were recognized for creativity, risk-taking and problem solving and with a Special Award of Appreciation from the Council.
I built and sustained Semantic Community for the Federal Government (2009-2010) and now privately (2010-present) which received over 2M hits last year and receives praise like: Semantic Community participates in these activities and events to build semantic data science and semantic interoperability applications. “Just wanted to say how helpful it is that you take notes and share so broadly at these types of events. Thanks for your ongoing contributions to all the communities of which you are a part.” (Senior US Federal Government Official)

Thanks again for the opportunity to speak to your group on Tuesday. We always appreciate the work you do organizing these communities, and we’re happy to help you out as well whenever we can. (Senior Industry Official)

I have now started and sustained the Federal Big Data Working Group Meetup for the past 6 months with considerable growth in membership (200+) and enthusiasm: http://www.meetup.com/Federal-Big-Data-Working-Group/

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HDC Webinar: The HHS HDI Strategy & Execution Plan

Source: https://events-na5.adobeconnect.com/...t_landing.html

Monday, February 10, 2014 1:00:00 PM EST - 2:00:00 PM EST

Since the Department of Health and Human Services (HHS) launched its efforts to make the vast array of data resources it curates openly available for public consumption in 2010 the available in HealthData.gov catalog has grown exponentially. HHS’s efforts to release data for the purpose of sparking innovations in healthcare and the delivery of human services is known as the Health Data Initiative (HDI). The mission of the HDI is to help improve health, healthcare, and the delivery of human services by harnessing the power of data and fostering a culture of innovative uses of data in public and private sector institutions, communities, research groups and policy making arenas. The HDI’s goal is to make health data openly available, disseminate the data broadly across the health and human services ecosystem, and continuously educate internal and external participants in the ecosystem about the value of the data. In November 2013 the Department announced its first ever HDI Strategy and Execution Plan to achieve the following goals five goals:

- Advancing the HealthData.gov site to a more efficient, user friendly, technically advanced platform for data discovery.
- Highlighting departmental assets that support achieving HHS strategic initiatives and an increased focus on strategic data liberation.
- Educating new and existing, internal and external participants in the health and human services ecosystem about data availability for innovative applications, and disseminating the data for problem solving.
- Enabling and incentivizing the health data ecosystem to utilize all data assets in innovative ways.
- Implementing administration and departmental policies that foster openness and transparency.

This session will cover an overview of each goal, invite discussion about data resources the public would like to have access to, and encourage sharing about the novel uses of the data for innovations across American health and social services.

Speaker
Damon Davis
Damon Davis serves as Director for the Health Data Initiative in the office of the Chief Technology Officer in the U.S. Department of Health & Human Services. He is responsible for leading the Department’s efforts to promote the Health Data Initiative, a movement devoted to implementing policies directed at improving access to federal data resources, and promoting the expanded uses of the data for applications and services to promote innovative solutions to problems in health, health care, and the delivery of human services.

Prior to his post in the CTO’s office Mr. Davis worked in the Office of the National Coordinator for Health IT (ONC) in the Office of Consumer eHealth (OCeH). As Special Assistant in ONC his focus was on increasing consumer access to secure electron

The New HHS Health Data Strategy and Execution Plan

Source: http://www.healthdataconsortium.org/...execution-plan

Posted on November 5, 2013 by Damon Davis

In keeping with the White House’s Open Government Initiative, we’ve got news from the US Department of Health and Human Services (HHS) on a new effort to open up more health data. Damon Davis, Director of the Health Data Initiative at HHS, announced last week the release of a Strategy and Execution Plan for improving HDI’s efforts in releasing health data to improve health and health care and spark innovation in the delivery of health care. Below is his summary of the Plan and how you can get involved, including by commenting on the blog post on healthdata.gov.

Recently the US Department of Health and Human Services (HHS) released its strategy and execution plan for improving existing efforts to release health, health care, and human services related data for the purpose of sparking innovation. HHS’s open data work, known as the Health Data Initiative (HDI), has a mission to help improve each of those focal areas by harnessing the power of data and fostering a culture for data’s innovative uses in public and private sector institutions, communities, research groups and policy making arenas. This HDI Strategy and Execution Plan articulates our goal to make health data openly available, disseminate the data
broadly across the health and human services ecosystem, and continuously educate internal and external participants in the ecosystem about the value of the data.

A focused discussion about the next steps for the HDI helped us quickly realize that a strategic plan, with tactics for executing toward specific goals and measurable outcomes, would be a tremendous asset for providing direction and focus for the HDI’s many contributors. Taking input from a diverse set of contributors like the Health Data Consortium, the National Center for Vital & Health Statistics Workgroup on Data Access and Use, and the department’s many Health Data Leads we developed this living document intended to guide the direction of the work without limiting its options or potential.

The HDI strategy and execution plan has five core components with a sixth strategic goal focused on measuring our collective work’s progress toward each goal and resultant impacts. Below is a brief recap of those strategic goals. You can read and provide your comments about the strategic execution plan on the HealthData.gov blog.

**HDI Strategic Goals**

**Advancing the HealthData.gov site to a more efficient, user friendly, technically advanced platform for data discovery.** The goal for the platform is to be a highly useful, reliable, and well-supported platform for sharing datasets and fostering innovation. Success of the platform depends on broad-based enthusiasm for and commitment to the HDI, achieved through expanding partnerships, both internally and externally. Data is our primary asset and it is a strategic imperative to help our partners get all of the appropriate Strategically Relevant Data Assets (SRDA) published on the platform as quickly as possible as they are strategically relevant data assets for Departmental goals.

**Highlighting departmental assets that support achieving HHS strategic initiatives and an increased focus on strategic data liberation.** As the HDI attracts new and diverse audiences to the platform as a discovery zone of data resources it will be beneficial to focus on a subset of these data for directed communications efforts and promotion. These SRDA will need to be characterized and defined, then publicized broadly through strategic communications to entice creative uses for these and other data on the platform.

**Educating new and existing, internal and external participants in the health and human services ecosystem about data availability for innovative applications, and disseminating the data for problem solving.** Stakeholders from both inside and external to HHS are valuable contributors to the HDI. Internally, our HHS colleagues are the data liberators, however, it is important to engender understanding of the importance of openly available, easily accessible data for creative uses both for external innovations and internal operations. That understanding needs to penetrate beyond the Health Data Leads to program staff across the organization. Similarly external stakeholders need a broader and deeper understanding of why data assets were collected, the ways those assets are available to them, and how to interact with the data. Therefore a concerted effort to educate stakeholders about data availability, intended and possible uses, and examples of how data has been used by others are valuable educational components that will propel expanded appreciation for and uses of the data.
Enabling and incentivizing the health data ecosystem to utilize all data assets in innovative ways. The availability and analysis of data is one of the biggest drivers in the transformation of healthcare and there are tremendous opportunities for innovation in the health and humans services ecosystems that will be fed by the vast stores of data made available via the HDI. An ongoing goal is to unleash the power of private-sector innovators and entrepreneurs to utilize HHS data in the creation of applications, products, and services that positively impact health and health care in the emergence of a decentralized, self-propelled “ecosystem” of innovators across America. That ecosystem includes organizations upon which the HDI will rely on for feedback, intelligence and insights that facilitate the democratization of health data and/or advocate for the innovative and responsible use of health data. The Health Data Consortium (HDC) is one such entity working to foster the availability and use of health data to drive innovations while advocating across players in the healthcare continuum for data liberation and appropriate uses of data.

Implementing administration and departmental policies that foster openness and transparency. There are several administration policies that support and impact the activities of the HDI and the internal stakeholders who produce and provide access to departmental data assets. Coordinating the current policy implementation agenda requires the department to understand the implications of each policy separately in order to harmonize the implementation of all policies for minimal disruption and maximum impact. A key resource for implementing administration open data policies will be Project Open Data on Github.

Ultimately, many of us involved in the delivery of human services, health care, or the development of policies that affect those areas would like to understand more about the data’s impact downstream: What the impacts of broad availability of open data are on things like population health, policy development, and access to care. The question is “What are the outcomes and impacts of the HDI and related activities on health care and the delivery of human services?” Getting to those answers will require contributions from across the health ecosystem. But it’s a concerted effort worth validating.

To read more about the execution steps and planned measures, visit the blog post on healthdata.gov.

HHS IDEA LAB

Source: http://www.hhs.gov/idealab/

About: The HHS IDEA Lab equips and empowers HHS employees and members of the public who have an idea and want to act.

The People: The foundational effort of the IDEA Lab is to disrupt the barriers between organizational siloes and practices that prevent people from working together.

We do this by equipping HHS Employees and members of the public with new methodologies, aircover and pathways for innovation.

We believe that people taking action on an idea is essential to the modernization of government.
The Projects: The IDEA Lab has engaged hundreds of people by helping them act, formulate a project and produce results.

The Pathways: The IDEA Lab has six pathways for bringing people together based on their ideas, skills, and interests.

The IDEA Lab not only helps people act on their ideas, but takes action on its own. These are projects that are identified and sponsored by the IDEA Lab.

The Blog: The IDEA Lab is itself an ever-evolving experiment. Stay up-to-date on the IDEA Lab's activities and learn about all the innovation activities at HHS with the IDEA Lab blog.

## About the Lab

The ultimate goal of the IDEA Lab is a more modern and effective government.

Health and Human Services Secretary Sebelius established the HHS IDEA Lab to improve how the Department delivers on its mission. This effort was started as a response to input from the workforce and public to promote advances in organizational management centered around three core beliefs:

- Every individual has the ability to improve the health and well-being of Americans;
- People are more powerful when working together; and
- There is a solution to every problem.

Government agencies may be prime examples of administrative structures that have calcified over time and become resistant to change. Yet, change is both necessary and imminent, as new technology, communication methods, and generational interest conflict with current "tiered" organizational structures and government agencies learn how to manage the "flattened" organizational models that are succeeding elsewhere. Further, the challenges that HHS faces in serving its mission in the 21st century are evolving and increasingly complex, requiring the organization to adapt and change its approach to finding solutions.

The IDEA Lab exists as the bridge between the old world and a vision of a new, networked world, where value is found in an individual’s talents, as opposed to their position in a hierarchical structure. The foundational effort of the IDEA Lab is to overcome barriers to communication and collaboration between organizational siloes and practices that prevent people from working together. The approach the IDEA Lab takes is based on four tenets:

- **Innovation** is a direct result of the freedom to experiment.
- **Design** is critical to effectively communicate ideas.
- **Entrepreneurship** allows us to take advantage of underutilized talent.
- **Action**, above all else, is encouraged.

Finally, the IDEA Lab itself is an ever-evolving experiment. We will be constantly adjusting our existing platforms, pathways, methodologies and tools to meet the needs of the Department and the innovators with HHS’s organization and in broad communities beyond it. Check out the [IDEA Lab Calendar](https://semanticommunity.info/Data_Science/Data_Science_for_the_HHS_IDEA_LAB) to see what we are up to, and reach out to us.
on the IDEA Lab Blog, Twitter, or Facebook Page at any time and be sure to check out the great people involved with the IDEA Lab and the projects they are working on!

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The People

The HHS IDEA Lab believes in people. We give them the tools they need to act on their ideas. Below are people who have taken their idea, acted on it, and produced results. See how each person is experimenting by clicking the beaker icon under their name.

HHS IDEA Lab Staff

Lucky, HHS IDEA Lab

Lucky

http://www.hhs.gov/idealab/blog/

Cassandra Duarte, HHS IDEA Lab

Cassandra Duarte

http://www.hhs.gov/idealab/category/ignites/

http://www.hhs.gov/idealab/pathways/...entrepreneurs/

Julie Herron, HHS IDEA Lab

Julie Herron

http://www.hhs.gov/idealab/blog/

Sandeep Patel, HHS IDEA Lab

Sandeep Patel

http://www.hhs.gov/idealab/category/data/

http://www.hhs.gov/idealab/pathways/hhs-competes/

Will Yang, HHS IDEA Lab

Will Yang

http://www.hhs.gov/idealab/category/ignites/

http://www.hhs.gov/idealab/pathways/hhs-ignite/
Frank Sanborn, Office of the Assistant Secretary for Preparedness and Response
Frank Sanborn

Kevin Larsen, Office of the National Coordinator for Health IT
Kevin Larsen

Amy Sherwood, Centers for Medicaid and Medicare Services
Amy Sherwood
http://www.hhs.gov/idealab/innovate/...able-care-act/

Mindy Hangsleben, ONC for Health IT
Mindy Hangsleben
http://www.hhs.gov/idealab/pathways/hhs-ignite/
http://www.hhs.gov/idealab/innovate/...able-care-act/
http://www.hhs.gov/idealab/innovate/...in-rulemaking/

Zachery Jiwa, Centers for Medicaid and Medicare Services
Zachery Jiwa
http://www.hhs.gov/idealab/innovate/...p-eligibility/

David Cartier, Health Resources and Services Administration
David Cartier

People: HHS Innovates
Amy Wiatr-Rodriguez, Administration for Community Living

Amy
Wiatr-Rodriguez
http://www.hhs.gov/idealab/pathways/hhs-ignite/
http://www.hhs.gov/idealab/innovate/...-alzheimers-2/
http://www.hhs.gov/idealab/innovate/roar/

Claro Yu, National Institutes of Health

Claro
Yu
http://www.hhs.gov/idealab/innovate/...g-tax-dollars/

Debra J. Grabowski, Indian Health Service

Debra
J.
Grabowski
http://www.hhs.gov/idealab/innovate/...ining-project/

Eric S. Weiss, Centers for Disease Control and Prevention

Eric
S.
Weiss
http://www.hhs.gov/idealab/innovate/...lity-meter-4/

Gwen Shinko, National Institutes of Health

Gwen
Shinko
http://www.hhs.gov/idealab/innovate/...g-tax-dollars/

Ivor D'Souza, National Institutes of Health

Ivor
D'Souza
http://www.hhs.gov/idealab/innovate/...-in-disasters/
James Onken, National Institutes of Health

James
Onken
http://www.hhs.gov/idealab/innovate/...s-to-research/

Joyce E. B. Backus, National Institutes of Health

Joyce
E. B.
Backus
http://www.hhs.gov/idealab/innovate/...eplus-connect/

Juliette S. Kendrick, Centers for Disease Control and Prevention

Juliette
S.
Kendrick
http://www.hhs.gov/idealab/innovate/...-wireless-sms/

Kathy Slawson, Centers for Disease Control and Prevention

Kathy
Slawson
http://www.hhs.gov/idealab/innovate/...-laboratories/

Kelly Stephenson, Indian Health Service

Kelly
Stephenson
http://www.hhs.gov/idealab/innovate/...hcare-clinics/

Lynn Sokler, Centers for Disease Control and Prevention

Lynn
Sokler
http://www.hhs.gov/idealab/innovate/...c-vital-signs/

Matthew McAuliffe, National Institutes of Health

Matthew
McAuliffe
http://www.hhs.gov/idealab/innovate/...tism-research/
Steven Musser, Food and Drug Administration
Steven Musser
http://www.hhs.gov/idealab/innovate/to-its-source/

Rachel Ballard-Barbash, National Institutes of Health
Rachel Ballard
Barbash
http://www.hhs.gov/idealab/innovate/dhood-obesity/

Rebecca Spitzgo, Health Resources and Services Administration
Rebecca Spitzgo

Richard Schieber, Centers for Disease Control and Prevention
Richard Schieber
http://www.hhs.gov/idealab/innovate/c-vital-signs/

Stacey Mattison, Centers for Disease Control and Prevention
Stacy Mattison
http://www.hhs.gov/idealab/innovate/-health-aging/

Manuel B. Datiles III, National Institutes of Health
Manuel Datiles
http://www.hhs.gov/idealab/innovate/he-eye-clinic/

People: HHS Innovator-in-Residence

Nag Murty, West Health / IDEA Lab
Innovating to Transform Healthcare
Pierce Graham-Jones, HHS IDEA Lab

Pierce Graham-Jones
http://www.hhs.gov/idealab/innovate/project-boundary/
http://www.hhs.gov/idealab/innovate/Projectsandbox/

People: Presidential Innovation Fellows

Adam Dole, ONC for Health IT

Adam Dole
http://www.hhs.gov/idealab/innovate/button-project/

Nayan Jain, ONC for Health IT

Nayan Jain
http://www.hhs.gov/idealab/innovate/button-project/

Sean Herron, Food and Drug Administration

Sean Herron
http://www.hhs.gov/idealab/innovate/openfda/

People: Sammies

Julie Segre, National Institutes of Health

Julie Segre
http://www.hhs.gov/idealab/innovate/code-breakers/
The HHS IDEA Lab believes in experimentation. Below are past and current projects that are tackling some of the toughest problems in health care and government. Each project is associated with one of our Pathways.

**Accelerating Clinical Quality Measures for the Affordable Care Act**

The Office of the National Coordinator for Health Information Technology in partnership with the Centers for Medicare & Medicaid Services are testing & accelerating the development of clinical quality measures, with the adoption of Lean methodologies, to monitor the impact of the implementation of the HITECH Act & the Affordable Care Act.
The delivery and payment reform provisions of the Affordable Care Act are transitioning the Centers for Medicare and Medicaid Services to value based reimbursement in an effort to achieve the three-part aim of better care and health while reducing costs through improvement. Clinical quality measures help the Department of Health and Human Services (HHS) understand the impact of its programs and policies and to plan target areas of future focus. HHS is investing electronic health record (EHR) deployment and use in the U.S. With this transition, there is considerable interest and promise in transitioning the clinical quality measures from predominantly pre-EHR measures to leverage the enhanced information found in EHRs. Clinical quality measures are created in a production system- a series of experts following predictable steps with hand offs and dependencies. Currently the creation of a clinical quality measure from identification of a high priority health topic to deployment is a 3 to 5 year process.

One of the most successful tools from manufacturing industries to achieve improved efficiencies is the Lean Production System. Lean has also become a key tool for quality improvement in health care delivery. Lean is way of analyzing and organizing complex processes with many steps and people involved in a process- especially a production process. Mindy Hangsleben and Amy Sherwood, External Entrepreneurs are leading a value stream analysis of the clinical quality e-measure production and is guiding the Office of the National Coordinator for Health IT (ONC) and CMS through the work of improving efficiency of the production of quality measures. They have also held a number of Lean focused workshops to train internal staff on lean methodologies, making experts out of a handful of ONC and CMS employees, including Internal Entrepreneur Kevin Larsen.

INTERNAL ENTREPRENEURS

Farzad Mostashari, Office of the National Coordinator for Health IT
Jacob Reider, Office of the National Coordinator for Health IT
Kevin Larsen, Office of the National Coordinator for Health IT

EXTERNAL ENTREPRENEURS

Mindy Hangsleben
Amy Sherwood

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Anti-Cancer Research

http://www.hhs.gov/idealab/sammies/
http://www.hhs.gov/idealab/innovate/_ncer-research/

Michael Gottesman of the National Institutes of Health was a finalist in the category of Career Achievement Medal for having led seminal studies in the treatment of drug-resistant cancer cells and played an instrumental role in improving the rigor of medical research throughout a four-decade career.

Dr. Michael M. Gottesman has spent nearly four decades as a highly respected scientist at the National Institutes of Health (NIH), conducting important studies on how cancer cells resist destruction by several widely used chemotherapy drugs.
As chief of the laboratory of cell biology at the National Cancer Institute, Gottesman is the country’s premier researcher on the interaction of cancer and medications. He has developed molecular tools to define the drug-resistance genes found in individual cancers, information that is used to predict a patient’s response to therapy.

Gottesman’s scientific breakthroughs have opened the door to designing medicines to be more effective in prolonging and saving lives, something now being tackled by pharmaceutical companies.

“His body of work identified the intricate processes by which cancer cells resist a variety of anti-cancer drugs, demonstrating a need for new approaches for the development of better drugs,” said Dr. Harold Varmus, the director of the National Cancer Institute.

Gottesman said it had been a mystery as to why cancer cells become simultaneously resistant to multiple anti-cancer drugs.

“We found that cancer cells were using a mechanism that nature had already devised to protect the body and were using it to protect themselves,” said Gottesman. “We opened a whole new area for pharmacologists around the handling of anti-cancer drugs.”

In addition to this significant research, Gottesman for the past 19 years has had a dual role as deputy director of the NIH Intramural Research Program, the world’s largest biomedical research operation. This multi-faceted program includes 1,200 principal investigators and more than 4,000 postdoctoral fellows who conduct basic, translational and clinical research at 23 NIH centers.

“Michael has a rare combination of scientific insight, administrative acumen, unselfishness, patience and boundless optimism that have allowed him to blend science and administration in a manner that has increased scientific and organizational innovativeness and accomplishment,” said Varmus.

In his administrative role, Gottesman said he is a like a senior dean at a university overseeing and coordinating all of NIH’s internal research, recruiting highly-skilled scientists and training the next generation of biomedical and behavioral investigators.

During Gottesman’s tenure, NIH research has been responsible for numerous scientific accomplishments, including the HPV vaccine, new treatment and insights into multiple sclerosis, more effective imaging for early detection of heart disease, basic research that will lead to development of a universal vaccine for influenza, and the creation of the Undiagnosed Diseases Program. During this period, Nobel Prizes have been awarded to seven scientists who trained or worked at NIH.

“By his leadership and thoughtful, gentle hand on the tiller, Michael has established high standards that all employees try to achieve in terms of scientific excellence and in dedicating their lives to finding answers to medical problems,” said Dr. Francis Collins, director of NIH. “The scientists look up to Michael because he defines the culture of the NIH.”

Gottesman also has developed and championed programs to encourage women and minorities to pursue science and come to NIH. Under his leadership, Asian scientists in tenure track positions increased from 10 to 30 percent, while the number of women in the clinical investigator tenure track rose from 28 to 38 percent.
With NIH’s emphasis on high-risk, high-reward research, Gottesman’s administrative role includes managing a rigorous scientific review of each research project every four years, which he said amounts to roughly one review a day.

Dr. Anthony Fauci, director of the National Institute of Allergy and Infectious Diseases, said Gottesman’s job is to “make sure there is consistency of quality” in all of the research done at NIH. “He sets the standards,” said Fauci.

“It is an opportunity to make a real difference in the way fellow scientists are conducting research,” said Gottesman.

Varmus credits Gottesman with increasing the stringency of the scientific reviews, resulting in the reduction or closure of under-performing projects, and allowing the reallocation of increasingly scarce resources to high-priority projects.

“This process, although painful at times, increases scientific returns for taxpayer-derived funding and enables more aggressive approaches to scientific discovery and subsequent benefits for patients,” said Varmus.

Gottesman also has created special programs that annually train 6,000 individuals, ranging from high school and college students to post-baccalaureate and post-doctorate fellows. Many of his programs are recognized as a primary source for increasing the diversity of students entering biomedical research at NIH and throughout the country.

“I am most proud of maintaining an environment that is conducive to high-quality science that is sustained over many years,” said Gottesman. “NIH is a crown jewel in the government, and we want to make sure the jewels are shining brightly.”

Below are is an interview with Tom Fox, from the Partnership for Public Service and Michael M. Gottesman on his innovative work over the years.

WATCH RELATED VIDEO

Content is from the Sammies website and more information can be found here.

Application of Design Thinking to Grants

http://www.hhs.gov/idealab/pathways/...entrepreneurs/
http://www.hhs.gov/idealab/innovate/...ing-to-grants/

The Administration for Children and Families (ACF) is working to improve both grantee program implementation and workplace collaboration. This will enable ACF to better meet the needs of the low income populations they serve through the creation of low cost, replicable organizational strategies.

The Administration for Children and Families’ Office of Family Assistance provides $235 million in discretionary grants annually to improve the lives of low-income families by promoting economic self-sufficiency, responsible fatherhood, healthy marriages and family strengthening. Several issues arise with monitoring awarded grants:
1. Service delivery does not always align with the day-to-day realities and challenges faced by low-income individuals and families, interfering with clients’ abilities to access and benefit from the programs grantees provide;

2. Grantees may not have the staff, time, or expertise to conduct analyses and/or develop solutions to address these barriers;

3. Due to the private nature of communication channels like email and telephone, lessons-learned are not easily shared with other grantees or grant managers;

4. Since grantees and grant managers are geographically distributed, they rarely get to meet face-to-face. This can hinder their chance to build relationships with and count on one another for workplace support.

To address these issues, ACF seeks to apply approaches such as design thinking strategies and collaboration best practices to create low-cost, replicable approaches to assess client problems, modernize interactions with grantees, facilitate better knowledge sharing, and build a stronger support network for grantees.

INTERNAL ENTREPRENEURS

Kathleen Chiarantona, Administration for Children and Families
Blair Corcoran, Administration for Children and Families
Stan Koustaal, Administration for Children and Families
Amelia Popham, Administration for Children and Families
Keyon Smith, Administration for Children and Families

EXTERNAL ENTREPRENEUR

Jared Goralnick
Amy Ng

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Automate Blue Button Initiative

http://www.hhs.gov/idealab/pathways/...-in-residence/
http://www.hhs.gov/idealab/innovate/...on-initiative/

The Office of the National Coordinator (ONC) and the Department of Veterans Affairs (VA) launched the Standards and Interoperability Framework for the Blue Button Initiative to develop standards that allow patients to privately and securely
download their health information in a common, machine-readable format, as well as automate the exchange of that data from their health care providers to other third party apps and services.

The S&I Framework is a collaborative community of participants from the public and private sectors who are focused on providing the tools, services and guidance to facilitate the functional exchange of health information. The S&I Framework uses a set of integrated functions, processes, and tools that enable execution of specific value-creating initiatives. Each S&I Initiative tackles a critical interoperability challenge through a rigorous process that typically includes:

- Development of clinically-oriented user stories and robust use cases
- Harmonization of interoperability specifications and implementation guidance
- Provision of real-world experience and implementer support through new initiatives, workgroups and pilot projects
- Mechanisms for feedback and testing of implementations, often in conjunction with ONC partners such as NIST

More information on the S&I Framework can be found here.

**Blue Button Project**

[http://www.hhs.gov/idealab/innovate/blue-button-project/](http://www.hhs.gov/idealab/innovate/blue-button-project/)

Blue Button aims to empower all people in America with access to their health records in a secure, electronic format.

Originally a round one project for the Presidential Innovation Fellows, round two fellows are focusing on growing the Blue Button Initiative across the public and private sectors – patients can download their own health information from a growing array of organizations (the Department of Veterans Affairs’ health system, private-sector health care providers, etc.) and securely share their medical histories with caregivers, import their prescription histories into mobile reminder apps, and more. Fellows are creating and testing different scenarios where personal health data will be used.

Blue Button was launched in 2010 by the Department of Veterans Affairs, with White House support, to give veterans the ability to access and download their medical records from an online patient portal. Since then, Blue Button adoption has expanded to other federal agencies, including the Centers for Medicare & Medicaid Services (CMS) and the private sector. Today, we estimate that more than 100 million Americans have increasing amounts and types of electronic access to their personal health information from a variety of sources, including healthcare providers, healthcare insurance companies, labs, state health information networks, and others.

**Presidential Innovation Fellows**

Adam Dole

Nayan Jain

**More information on the Blue Button Initiative**

[http://www.healthit.gov/bluebutton](http://www.healthit.gov/bluebutton)
Bridging the CHASM of Health Disparities

The United States Public Health Service’s (USPHS) Community Health and Service Missions (CHASM) bridges the chasm of health disparities by providing essential human services for those who are least able to help themselves. CHASM improves emergency response capacity by fostering collaborations among local, state, tribal, and nongovernmental organizations.

CHASM is an innovative avenue for efficiently utilizing the U.S. Public Health Services Commissioned Corps (USPHS), a highly mobile cadre of multi-disciplinary subject matter experts from across federal agencies, to partner with local communities. USPHS response teams are deployed to underserved areas where officers provide expertise and participate in subject matter exchange in environmental health, epidemiology, toxicology, program administration and development, dental, veterinary, nursing, primary care, mental health, preventive medicine, and applied public health care.

Since the establishment of CHASM in 2010, $2.85 million worth of health-related services have been provided. For every dollar invested in a project, at least two dollars of services are rendered. This makes the return on investment significant particularly when communities and government are under tight budgetary constraints. Even more valuable, is the lasting impact the missions have on the community through newly acquired skills. CHASM fosters local participation and community ownership leading to long term public health improvements.

TEAM MEMBERS

Kimberly Elenberg, U.S. Department of Health and Human Services
Carol Lincoln, Indian Health Service
MaryAnn Veitch, Office of the Assistant Secretary for Preparedness and Response
Calvin Edwards, Food and Drug Administration
Alan Parham, Centers for Disease Control and Prevention
Christopher McGee, U.S. Bureau of Prisons
David Morrissette, Substance Abuse and Mental Health Services Administration

RELATED WEBSITES

Commissioned Corps Management Information System
Bringing Clarity to Health Information: CDC Vital Signs

Americans want trustworthy health information they can use, but are often bombarded with largely unusable or incorrect information. To help remedy this, Centers for Disease Control and Prevention (CDC) Vital Signs was developed to translate the latest scientific and surveillance data into recommended actions using plain language that is easy to understand.

CDC Vital Signs releases separate material to two audiences. Information for scientists is written in language used in technical journals, while information for the public is written in clear easy-to-understand language. Town Hall teleconferences are also held monthly so that nearly 200 state and local health departments, clinicians, and others can share their own experiences in their community.

In the first year (ending June 2011), monthly topics covered cancer prevention, obesity, tobacco, binge drinking, access to healthcare, HIV/AIDS testing, motor vehicle passenger safety, preventing cardiovascular disease, healthcare-associated infections, teen pregnancy, asthma, and food safety. Podcasts and fact sheets are available for all of these topics. The initiative demonstrates the effectiveness of different techniques for using and presenting sound data in the service of disease prevention.

TEAM MEMBERS

Richard Schieber, Centers for Disease Control and Prevention
Lynn Sokler, Centers for Disease Control and Prevention
Ronald Campbell, Centers for Disease Control and Prevention
Carol Crawford, Centers for Disease Control and Prevention
Tom Skinner, Centers for Disease Control and Prevention
Karen Resha, Centers for Disease Control and Prevention
Barbara Bowman, Centers for Disease Control and Prevention

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RELATED WEBSITE

CDC VitalSigns
Building Health Resilience Technology to Withstand Natural Disasters

http://www.hhs.gov/idealab/pathways/...entrepreneurs/
http://www.hhs.gov/idealab/innovate/...ral-disasters/

The Assistant Secretary for Preparedness and Response of HHS and the Federal Emergency Management Agency are developing innovative solutions that will allow individuals with access and functional needs to continue to use their durable medical equipment (DME) during prolonged power outages.

The Assistant Secretary for Preparedness and Response (ASPR) and the Federal Emergency Management Agency (FEMA) are working to enhance community and individual resilience—part of the core missions of the two organizations—and have a profound impact on future disaster responses, by helping to identify potential solutions that will allow individuals with access and functional needs to continue to use their durable medical equipment (DME – includes medical devices powered by electricity, such as oxygen concentrators, ventilators, and intravenous infusion pumps) at home during prolonged power outages, thereby decompressing the burden on the health care system.

External Entrepreneur Frank Sanborn has developed a solution by using the Raspberry Pi to develop a device that has the ability to connect to the Philips Portable Oxygen Concentrator, which allows for signals to be sent from durable medical equipment to a local server allowing medical professionals and emergency response workers to have accurate information as to the status of a patient. As part of the next step of development, Frank and Internal Entrepreneurs Nicole Lurie, Phil Ferro, Patrick Heart, and Ted Okada are running a series of code-a-thons and challenges to assist with the software coding. More information on the code-a-thons and updates on the project can be found on the IDEA Lab blog.

INTERNAL ENTREPRENEURS

Nicole Lurie, Assistant Secretary for Preparedness & Response
Phil Ferro, Assistant Secretary for Preparedness & Response
Patrick Hart, Federal Emergency Management Agency
Ted Okada, Federal Emergency Management Agency

EXTERNAL ENTREPRENEURS

Frank Sanborn

READ RELATED BLOG POSTS

CDCOLOGY: A Microtasking Project

http://www.hhs.gov/idealab/pathways/hhs-ignite/
http://www.hhs.gov/idealab/innovate/cdc-ology/

The Centers for Disease Control and Prevention built and piloted a web-based crowdsourcing platform that cultivates student engagement with CDC. Students become “CDCOLOGISTs” and learn about the importance of public health...
through the completion of short challenges posted by CDC staff. The platform, the first of its kind in HHS, became known as CDCOLOGY. By allowing fresh, creative solutions to influence CDC’s programs and providing personalized educational feedback, CDCOLOGY provides for a unique student-staff interaction.

**WATCH RELATED VIDEO**

*CDCOLOGY™: Watch the 5 minute pitch.*

**Project Summary**

The Association of Schools and Programs of Public Health estimates that 250,000 more public health workers will be needed by 2020. A study published in the Journal of Medical Internet Research indicated that participatory health initiatives are becoming a part of the public health ecosystem.

**CDCOLOGY™** is a mechanism for **CDCOLOGY™** Faculty (employees) to post unclassified, two-minute to seven-hour long microtask challenges that can be solved by university students. Tasks span multiple fields and skill sets, including: preparedness, lab sciences, graphic design, policy, research, and data analysis. There is no burdensome application process or eligibility requirements as all students with .edu email addresses are welcome to participate.

The pilot was launched on December 4, 2012. Just six days after launch, the site had drawn 268 participants with another 443 awaiting the second round of invitations to register. As of February 01, 2014, the site had drawn 1,344 participants with at least 75 of those participants being CDC staff engaged in the project.

CDC benefited from the **CDCOLOGY™** pilot by encouraging employees to rethink project management, reduce administrative burden, and provide collaboration for public health solutions.

Universities benefit during the pilot though engagement with CDC and by offering their students an out-of-classroom opportunity that has real social impact. During the Ignite pilot, thousands of students for the first time were able to engage the scientists and analysts at CDC virtually, completing small tasks which produce meaningful work for national and international public health. Faculty and staff have indicated possible incorporation of **CDCOLOGY™** into syllabi as a course component or extra credit assignment.

Initial findings of the pilot, having accessed over 75 CDC staff and over 1300 university students, has suggest increase in the number of interdisciplinary undergraduate, graduate, and post-graduate students interested in public health professions.

This Ignite team received positive feedback from programs about both student and faculty interest, and the team is looking forward to exploring other potential uses for the pilot both within and outside the classroom. One specific future enhancement and use of the website within CDC could be to capture real-time information during disasters to drive behavior changes. For example, why not ask students in affected areas to provide a list of local college rumors about...
why students are reluctant to get novel H1N1 vaccine for free? The results of challenges like these and others can help to inform our program strategies and tactics attempting to drive the behavior changes for which CDC aspires. This same concept can be applied to CDC’s ability to provide technical assistance to its state and local grantees, all through the agency’s ability to access the public and in many cases, the end users for our programs.

TEAM MEMBERS

Diana Yassanye (Project Lead), Centers for Disease Control and Prevention  
Chelsea Cipriano, Department of Health and Human Services  
James Rajotte, Centers for Disease Control and Prevention  
Jacinta Smith, Centers for Disease Control and Prevention

Project Lead’s Approving Supervisor:  
Serena Vinter, Public Health Analyst, Office of Public Health Preparedness and Response, Centers for Disease Control and Prevention

Additional Information

CDCOLOGY™ Platform: http://cdcology.sparked.com/

CDCOLOGY™ Wiki site: http://code.phiresearchlab.org/confluence/display/MIC/CDC+Ology

CDCOLOGY™ ASPPH Webinars: http://www.aspph.org/meetingsevents/webinars.cfm

Cloud-Based GIS Maps Displaying Aggregate Data on Medical Malpractice

http://www.hhs.gov/idealab/pathways/...entrepreneurs/  
http://www.hhs.gov/idealab/innovate/...l-malpractice/

The Health Resources Services Administration (HRSA) is building a Geographic Information System (GIS) application and dashboard to display data on medical malpractice and adverse actions taken against health care practitioners. The new data visualization tools will present summarized data in new and interactive ways to make this resource more accessible to a wider audience.

HRSA operates the National Practitioner Data Bank (NPDB), a web-based system that implements important patient safety and anti-fraud legislation. The NPDB system maintains over 1.1 million reports of health care practitioners, providers, and suppliers with a history of malpractice, incompetence, fraud, license suspension, criminal conviction, or unprofessional conduct. Individual data reports against practitioners, providers and suppliers are kept confidential by law.

While aggregate data are currently available to researchers and other interested parties, these data are not easily digestible for non-technical users. Therefore, the goal of this project is to make NPDB trend data more accessible, open, and transparent to researchers and the general public. Additionally, the External Entrepreneur is partnering with the internal team to enhance the current data and recommend opportunities for process streamlining.
The Centers for Medicare & Medicaid Services (CMS) prototyped an internal tool for organizing cleared statements and other information in order to provide more effective communications to the public through improved response time to reporters.

**Project Summary**

The press response strategy within HHS is often individually responsive and does not follow a coordinated and streamlined process; rather, statements are approved for individual reporters ad hoc and lost shortly after response to the reporter. This process relies on individual staff members to maintain personal databases of previously cleared.
statements and knowledge of reporters past interest in subject matter. It relies heavily on maintenance of email archives and does not capture the work of the staff. When there is a change in staffing, this knowledge is often lost.

This project used several models of pilot testing. First, the team tested a variety of platforms to store and track press statements. They tested each site for functionality, familiarity, and ease of use. Once a prototype was settled the team released the platform in waves in order to watch and correct for usage and errors in design. The team also explored models of encouraging staff to utilize the platform through incentives, rewards, and directives.

While simply building an application for storing and retrieving reporter inquiries is relatively straightforward, designing it into the workflow of a fast-paced office environment is challenging. Therefore, this team is using lean methodologies and light-weight technologies to iterate towards a small but viable tool that can get buy-in from their office staff before scaling.

To monitor whether their effort has a positive impact on their stated objective, the team has identified the following key performance indicators:

- Time (hours) spent between report inquiry and official response to the inquiry
- Attitudes of the press officers (via survey)

The team saw a 52% decrease in the response time for reporter inquiries and a generally positive view from staff of the design. In order to continue the testing and implementation, CMS would like to see increased utilization throughout the department achieved through greater exploration of this workflow model with communications specialists across HHS that are working directly with media.

TEAM MEMBERS

Emma Sandoe (Project Lead), Center for Medicare & Medicaid Services
Keya Joy-Bush, Center for Medicare & Medicaid Services
Rachel Maisler, Center for Medicare & Medicaid Services
Tony Salters, Center for Medicare & Medicaid Services

Project Lead’s Approving Supervisor:
Brian Cook, Director, Media Relations Group, Office of Communications, Center for Medicare & Medicaid Services

Additional Information

CMS Newsroom

Connecting Kids with Dental Care

http://www.hhs.gov/idealab/pathways/hhs-innovates/
http://www.hhs.gov/idealab/innovate/...h-dental-care/

Finding dental care for children is important but was difficult at times until the Health Resources & Services Administration, the Centers for Medicare & Medicaid Services, and the States’ Medicaid and Children’s Health Insurance
Program (CHIP) created a web-based locator tool to match kids enrolled in Medicaid and CHIP with oral health providers who will treat them.

In 2007, 12-year-old Deamonte Driver died from complications of an abscessed tooth. His mother could not find a dentist who accepted Medicaid. This tragedy spurred Congress to include language in the Children’s Health Insurance Program Reauthorization Act of 2009, which required easily accessible contact information for the Medicaid and CHIP participating dental providers in every State on the Insure Kids Now! (IKN) website.

The Centers for Medicare & Medicaid Services (CMS), which administers the Medicaid and the Children’s Health Insurance Program (CHIP) programs, partnered with the Health Resources and Services Administration (HRSA), which focuses on improving access to care and runs the IKN hotline. Together, with at least 150 State Medicaid and CHIP agencies and their managed care organizations, they collected the dental provider data and developed Find Dental Providers.

HRSA and CMS devised an easy-to-use electronic submission capability and automated validation tool to improve data quality and reduce administrative burden on States. This “bridge” brings the dental information from the State’s platform to the IKN platform and updates the data hourly. Geospatial and analytical processes transform the provider data for use in a locator tool so that, for the first time, a parent or guardian can search for an oral care provider by name, benefit plan, zip code, map location and driving instructions via a simple click.

TEAM MEMBERS

Terri Lynn Cohen, Health Resources and Services Administration
Nancy Goetschius, Centers for Medicare & Medicaid Services
James Resnick, Health Resources and Services Administration
Sanjoy Chakraborty, Health Resources and Services Administration
Keith Adams, SAIC
Barbara Gandy, SAIC

RELATED WEBSITES

Find Dental Providers
InsureKidsNow.gov

Connecting to Combat Alzheimer’s

http://www.hhs.gov/idealab/pathways/hhs-innovates/
http://www.hhs.gov/idealab/innovate/...-alzheimers-2/

Tens of thousands of volunteers are needed—right now—for research to combat Alzheimer’s disease. Through the Connecting to Combat Alzheimer’s Initiative, researchers teamed up with a network of community organizations that work with older people and caregivers every day. Together, they found fast, cost-effective ways to identify volunteers, speed up the science, and provide valuable information about services.
Without a cure for Alzheimer’s disease, about 13.2 million older Americans are expected to develop this disease by 2050. Researchers are making strides to understand the disease and test better treatments, but at least 50,000 volunteers (with and without Alzheimer’s) are needed to participate in hundreds of clinical trials. People with Alzheimer’s disease, their families, and those who serve them rarely know how to participate in clinical trials, so recruiting research participants is costly and time consuming. This innovation bridges this critical gap.

Connecting to Combat Alzheimer’s brings together National Institutes of Health (NIH)-funded Alzheimer’s Disease Centers (ADCs) that conduct research with the Administration for Community Living’s (ACL) aging services agencies, which annually reach over 10 million older people and family caregivers. With the National Alzheimer’s Plan as a spark, ACL and NIH collaborated across disciplines and learned about each other’s work. Activities have included free webinars and presentations for both the research and aging services communities. The Initiative has helped inform and connect more individuals to the services provided by ACL and help spur a 25 percent increase in prospective research participants. These efforts continue to inspire collaborations at the state, local, and grassroots levels.

TEAM MEMBERS

Amy Wiatr-Rodriguez, Administration for Community Living
Jennifer Watson, National Institutes of Health
Nina Silverberg, National Institutes of Health
Kate Gordon, RTI International

READ RELATED BLOG POSTS

RELATED WEBSITES

Alzheimers.gov
Alzheimer’s Clinical Trials
Alzheimer’s Association

Creating De-Identified Claims Data

http://www.hhs.gov/idealab/pathways/...entrepreneurs/
http://hhs.gov/idealab/innovate/crea...d-claims-data/

The Centers for Medicare & Medicaid Services (CMS) want to develop statistically de-identified Medicare claims data to meet the growing demand for access to Medicare data.

Medicare claims data are collected and assembled by the Centers for Medicare & Medicaid Services (CMS) as a byproduct of Medicare program administration. These data provide an unparalleled source of information on the costs and quality of health care in the United States. Each year hundreds of researchers, providers, and contractors request and receive sensitive Medicare data as part of their research studies and health care operations activities. However, regulations and policies have limited access to identifiable data (data that connects to the beneficiary’s identity) to protect beneficiary privacy. Data releases for program evaluations, demonstrations, and research projects have been
supported, whereas releases for analytic and public reporting purposes have been more limited and use for commercial purposes has been prohibited.

To support the use of Medicare claims data by a variety of users in a manner that protect beneficiary privacy, CMS is interested in adding statistically de-identified Medicare claims data to its product portfolio. Statistically de-identified data would include actual beneficiaries with their associated diagnoses, treatments, outcomes, and costs. This beneficiary experience represents the real world of health care in the Medicare program and although the removal of identifiers and geography may limit some research objectives, de-identified data can still provide a rich resource to support a wide range of desirable health care system analytics. For example, these data could provide information for commercial and nonprofit companies for the evaluation of treatments and drugs, examination of trends in health care cost and service utilization, and development of new analytic methods and tools.

ENTREPRENEUR DESCRIPTION:

CMS is looking for an entrepreneur with a background in statistics and mathematics. Below are a list of specific skills and qualifications desired:

- Statistics/Mathematics: data expert with knowledge and experience in data de-identification.
- Experience with health, health care, and/or insurance data
- Knowledge of Medicare and the Health Insurance Portability and Accountability Act (HIPAA) beneficial but not required.
- Ability to teach others methodologies for statistical de-identification.
- Past project management experience, especially in design, implementing and measuring the success of pilots
- Ability to engage with various stakeholder communities and create meaningful change

HOW WILL YOU BENEFIT FROM THIS POSITION?

As an entrepreneur you have the chance to make a meaningful difference in lives of millions of Americans. Creating statistically de-identified data is no easy feat, but the outcome of doing so can lead to many opportunities down the road. You will have the chance to network with individuals across government as well as the private sector.

APPLY NOW

If this opportunity sounds like a perfect fit you, apply now or share the opportunity with someone. Applications will be open from May 5, 2014 – July 16, 2014.

INTERNAL ENTREPRENEURS

Niall Brennan, Centers for Medicare & Medicaid Services
Andy Shatto, Centers for Medicare & Medicaid Services
Chris Cox, Centers for Medicare & Medicaid Services
Allison Oelschlaeger, Centers for Medicare & Medicaid Services
Kari Gaare, Centers for Medicare & Medicaid Services
Creating a Polio-Free World

http://www.hhs.gov/idealab/sammies/
http://www.hhs.gov/idealab/innovate/...io-free-world/

Hamid Jafari of the Centers for Disease Control and Prevention was awarded the 2013 National Security and International Affairs Recipient for his work in directing the global initiative that eradicated polio in India and is leading the effort to eliminate this crippling and potentially fatal disease in the final three countries where it persists.

The elusive goal of ridding the world of polio is closer than ever now that the crippling disease has been halted in India, the largest of the four countries in which the virus continued to exist.

Critical to this impressive achievement was Dr. Hamid Jafari, a medical officer from the Centers for Disease Control and Prevention (CDC). Jafari managed a public health initiative between the government of India and the World Health Organization (WHO), directed a staff of more than 2,300 people and oversaw the delivery of about 1 billion doses of the polio vaccine to 172 million young children each year between 2008 and 2011. Many of these children were from migrant families or were living in hard-to-reach and high-risk areas.

“India was long thought to be the most difficult country to eradicate polio in the world, but Hamid’s technical and leadership expertise was able to prove the skeptics wrong,” said Dr. Bruce Aylward, WHO’s assistant director general.

“He worked with the government to ensure it committed the resources, and he provided an innovative strategy, technical expertise and was a natural diplomat.”

Reports ranged from 559 to 874 cases in India annually between 2006 and 2009, comprising 43 percent of the confirmed cases worldwide. That number reached zero in January 2011 and a year later, India completed a designated 12-month period without a single occurrence. The next month, India was removed from the list of polio-endemic countries.

Polio is a contagious viral illness that mainly affects children and can cause paralysis, difficulty breathing and sometimes death. In the late 1940s to the early 1950s, polio crippled about 35,000 people each year in the United States alone. With the widespread use of vaccines developed in the 1950s, the United States became polio free by 1979.

Dr. Rebecca Martin, director of the Global Immunization Division at CDC, said Jafari, who was on loan to WHO, brought energy and fresh thinking to the National Polio Surveillance Project in India during his five year tenure that ended in March 2012.

“He had innovative solutions such as vaccinations at bus stops and on trains, and he found ways to reach the children of migrant workers. He identified where the populations were and made sure they were vaccinated,” she said.

Martin said the multi-faceted approach included targeting high-risk areas for vaccination campaigns, routine immunization, mobile vaccination teams, research that led to development and use of more effective polio vaccines in a setting of poor sanitation and high rates of diarrhea. She said these strategies are now being used in Afghanistan, Nigeria and Pakistan, the three countries where polio still persists.
Jafari said he looked closely at the problem of children missed by vaccination teams and decided the best way to tackle it was by “weaving a tight net that did not allow children to slip through the program.” To reach the critical population of newborn babies, for example, he had workers routinely register the babies house to house to make sure they were vaccinated.

Jafari said there also was a huge problem in the state of Bihar, a very poor region that was “the last refuge of the virus.” He said large areas of the state flooded every summer from snow melting in the Himalayas. Operations had to be adapted to enable supervision and access. Teams used boats and, motorcycles and waded through water to reach children.

Besides clinics, trains and transit points, Jafari said the program involved visits to more than 60 million houses several times a year and some 2.3 million vaccinators. Surveys confirm that 99 percent of children in the hardest to reach and highest-risk areas are now protected from polio.

“Polio has circulated for millennia in India,” said Anne Schuchat, director of the CDC’s Center for Global Health. “Hamid led the program in India that stopped the spread of poliovirus.”

Content is from the Sammies website and more information can be found here.

Data-Driven Website Optimization Using Multivariate Testing

http://www.hhs.gov/idealab/pathways/hhs-ignite/
http://www.hhs.gov/idealab/innovate/website-mvt/

The Office of the Assistant Secretary for Public Affairs is testing a new technology and approach to understanding user-behavior for improved communications through enhanced website usability.

WATCH RELATED VIDEO

Media, iframe, embed and object tags are not supported inside of a PDF.

Data-Driven Website Optimization Using MVT:
Watch the 5 minute pitch.

Project Summary

Digital technologies and best practices evolve rapidly and modern web programs must have the ability to adapt quickly in this changing environment. However, new tools must be systematically and rigorously evaluated to ensure that they are adding value to the larger program. Multivariate testing (MVT) is an established protocol for sites that are designed to optimize sales or where conversations are clear and unambiguous. However the usefulness of MVT on sites that are largely informational in nature is still an open question. Moreover, MVT must be an efficient use of resources and compare favorably with other user experience approaches to justify its incorporation into the overall digital program.
Multivariate testing (MVT) is testing several elements within one webpage to determine which versions of those elements, put together, would best achieve the objective of the webpage. Adding it into our digital strategies integrates a lean and flexible approach to dealing with what could be only one flaw or error in design (what the website looks like), site architecture (how the webpages are organized), or content curation (how the content is presented).

This project is testing whether incorporating MVT to our digital process leads to efficiencies in how a website is optimized for communications. To calculate the impact of MVT, the team is tracking the following key performance indicators:

- Total reach for each page version
- Change in traffic for final version (Has traffic increased or decreased since the winning version of testing been published?)
- Findability of page version (How is the page version likely to perform in search?)
- Total conversion rate for each page version (Is the user accomplishing the task?)
- Total effort hours spent on project by site improvement method
- Total cost of testing tools

Team Members

Achaia Walton (Project Lead), Office of the Assistant Secretary for Public Affairs
Nicholas Garlow, Office of the Assistant Secretary for Public Affairs
Beth Liu, Office of the Assistant Secretary for Public Affairs
Karen Silver, Office of the Assistant Secretary for Public Affairs

Project Lead’s Approving Supervisor:
Andrew Wilson, Content Manager, Digital Strategy Group, Office of the Assistant Secretary for Public Affairs

Additional Information

Project Pitch Deck (Prezi.com)
HHS Ignite Landing Page

Designing the Infrastructure for Medicaid & CHIP Eligibility

http://www.hhs.gov/idealab/pathways/...entrepreneurs/
http://www.hhs.gov/idealab/innovate/...p-eligibility/

The Centers for Medicare & Medicaid Services are developing an electronic infrastructure that States can integrate to implement the Modified Adjusted Gross Income method for determining eligibility for Medicaid & CHIP required under the Affordable Care Act.

Under the Affordable Care Act (ACA), an estimated 30 million additional Americans will gain access to affordable insurance coverage by 2014. The ACA sets the income eligibility threshold for Medicaid to 133% of the Federal Poverty
Level (FPL) in all States and territories. Currently two-thirds of the non-elderly uninsured are low-income, therefore this standardization of the FPL eliminates the gaps in eligibility for individuals under age 65. By January 2014, States must convert existing methods for determining eligibility for affordable insurance programs to the Modified Adjusted Gross Income (MAGI) approach, which determines income, household composition and family size to comply with ACA.

In partnership with the Robert Wood Johnson Foundation’s State Health Reform Assistance Network, External Entrepreneurs Zac Jiwa and Chris Lunt and Internal Entrepreneurs Julie Boughn, Jessica Kahn, Henry Chao and Elaine Olin from the Centers for Medicare & Medicaid Services, have developed the "MAGI in the Cloud", an open source tool that States can use to facilitate Modified Adjusted Gross Income (MAGI) eligibility determination. This is a huge step in providing the necessary infrastructure to States in implementing key requirements of the Affordable Care Act, which sets a new baseline for eligibility. The new "MAGI in the Cloud" platform reduces the risk of States missing the January 2014 deadline and maximizes resources by minimizing duplication of effort among States. This project also provides an example of how it is possible to go outside of government to partner with another organization to solve a problem and develop a solution outside of government constraints.

INTERNAL ENTREPRENEURS

Julie Boughn, Centers for Medicare & Medicaid Services
Jessica Kahn, Centers for Medicare & Medicaid Services
Henry Chao, Centers for Medicare & Medicaid Services
Elaine Olin, Centers for Medicare & Medicaid Services

EXTERNAL ENTREPRENEURS

Zac Jiwa
Chris Lunt

READ RELATED BLOG POSTS

Digital Media, Aging, and Disability: What Works & Why?

http://www.hhs.gov/idealab/pathways/...entrepreneurs/
http://www.hhs.gov/idealab/innovate/...hat-works-why/

The Administration for Community Living (ACL) wants to explore how the aging and disability communities are using technology and new media to learn about and manage services.

ACL brings together the efforts and achievements of the Administration on Aging, the Administration on Intellectual and Developmental Disabilities, and the HHS Office on Disability to serve as the Federal agency responsible for increasing access to community supports, while focusing attention and resources on the unique needs of older Americans and people with disabilities across the lifespan.

ACL recognizes that digital media has changed the way people communicate. ACL wants to explore how the aging and disability communities, including their families and caregivers, communicate using technology and new media. We
believe that there are successful examples of how people use mobile media and social media to inform and enable choices in services beyond which ACL’s current tools, such as the Eldercare Locator, currently support.

ACL will undertake a project to survey the current state of communications in the aging and disabled communities and will develop at least one pilot system to demonstrate the ways in which technology and new media can improve communication and decision making in the aging and disability communities.

ENTREPRENEUR DESCRIPTION

ACL is looking for a strong entrepreneur with a background in technology, specifically the development and implementation of consumer service platforms. Below are a list of specific skills and qualifications desired:

- Technology background – has experience with developing and implementing consumer service platforms (wikis, Facebook, Twitter, etc.) and new media (mobile media, social media, etc.)
- Ability to develop applications using agile development and technologies such as CSS, HTML5
- Past project management experience, especially in design, implementing and measuring the success of pilots
- Ability to engage with various stakeholder communities and create meaningful change

HOW WILL YOU BENEFIT FROM THIS POSITION?

As an entrepreneur you have the chance to make a meaningful difference in lives of millions of Americans, especially as our population ages and we provide more and better services to persons with disabilities. This is an emerging market and offers the chance to develop a unique technological solution for the problem of finding and managing services for the older Americans and Americans with disabilities. You will have the chance to network with individuals across government.

APPLY NOW

If this opportunity sounds like a perfect fit you, apply now or share the opportunity with someone. Applications will be open from May 5, 2014 – July 16, 2014.

INTERNAL ENTREPRENEURS

Scott Cory, Administration for Community Living
Jason Bennett, Administration for Community Living

Developing a Data-Driven ACF Workforce

http://www.hhs.gov/idealab/pathways/hhs-ignite/
http://www.hhs.gov/idealab/innovate/...ven-workforce/

In response to a need to improve the use, understanding, and application of child welfare data, a team from the Administration for Children and Families (ACF) pilot tested the application of advanced visual analytics and short training videos for Children’s Bureau regional office staff. Survey results were overwhelmingly positive: Regional office program
specialists felt that the new visual tool increased job productivity, and the short training video proved an effective training method.

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Developing a Data-Driven ACF Workforce:
Watch the 5 minute pitch.

Project Summary

Regional child welfare program specialists work closely with states and tribes to improve services to children and their families in the child welfare system. One area that has become increasingly more critical to their work is using data to identify, explore, and better understand state performance in child welfare outcomes. This task requires easy access to intuitive and relevant data, knowledge and understanding of key outcomes and data sets, and analytic skills.

However, the way we typically present and report on data to child welfare staff is cumbersome and difficult to digest. For example, the most prominent data report for staff, the Children and Family Services Review Data Profile, is presented in a Word document consisting of 16 pages of text, 25 footnotes, and tables with almost 700 individual cells of data. Further, trainings offered to staff seeking to better understand the data tend to be provided in one or two-hour blocks of time via webinar format and are not recorded for later viewing. Regional office staff overwhelmingly reported in our baseline survey that this training format is not conducive to increasing their understanding and use of data.

Our HHS Ignite project set out to test out a more intuitive way to present our data – a way that allows users to quickly see trends and areas needing improvement. Using an agile development approach and bi-weekly feedback from a Steering Committee composed of regional and central office staff, we used Tableau software to create a data tool that was intuitive, easy to use, and allowed staff the flexibility to drill down into the data and analyze performance by geographic dimensions and various child characteristics. Equipped with this information, staff can make more informed decision and recommendations. In fact, 100% of survey respondents said that this new data tool would be useful in their work. In addition, they indicated that the tool would make it easier to do their job, increase their productivity, and make it easier for them to make connections between data and child welfare practice. Many expressed eagerness to have the tool available for everyday use.

In the second part of our project, we created two short videos. The first video was an introduction to our project that provided basic information and context. The second video was a short, focused training video. The training video walks the user through the data tool functionality while building on a common scenario they face in their everyday work with state child welfare agencies. As a result, the video helps staff understand how to use the new tool itself, as well as how to better understand and use the data. Regional staff also reported that the video tutorial was easy to use, helped them better understand how to use the new tool, and was an effective training method.
The excitement from the staff about our pilot project has truly been remarkable. Not only did they say that this would drive them to integrate data into their everyday work, but they also really enjoyed working with the new tool. We received feedback through comments such as, “LOVE it!! It is VERY easy and intuitive”, “Slicing and dicing the data was delightful”, and “WAY COOL!!! A wonderful way to work with the data”. Staff told us that this tool is now essential to their work and they were already using it to prepare for meetings with states. Using these results and findings we are moving forward in exploring ways that we can scale-up our project and build on our success.

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Additional Information

Video: Project Summary and Overview

Education Through Wireless SMS

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As a tool developed to help new parents, Text4Baby leverages wireless technology to educate new mothers about their health and the health of their babies.

Each year in the US, over 500,000 babies are born prematurely and an estimated 28,000 children die before their first birthday. Identifying and promoting promising innovations in health communication is a critical part of the HHS priority.

The Department of Health and Human Services (HHS) partnered with the National Healthy Mothers, Healthy Babies Coalition; Voxiva, a technology company; CTIA-The Wireless Foundation; and other Federal and non-Federal organizations to create and launch text4baby, a free mobile (cell-phone) text message service that provides pregnant women and new mothers information about their health and the health of their babies.

The text messages cover the entire period of pregnancy and the first twelve months of life, and address important health issues such as smoking, immunization, nutrition, mental health, and safe sleep.

Since the February 2010 launch, more than 56,000 individuals have signed up for the program and receive three text messages a week. Collectively, over 2 million text messages have been sent to program participants. Over 300
outreach partners, including state and local governments, major health insurers, and academic organizations, have signed on to promote the service.

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In response to the 2009 influenza pandemic, the Indian Health Service leveraged its existing electronic health record to rapidly develop, validate, and implement a national electronic surveillance system to provide timely information on influenza-like illness, influenza vaccination rates, and potential adverse events following vaccination.

Expanding the use of health information technology, specifically the electronic health record (EHR), is a pillar of the Affordable Care Act. EHR systems can help detect and monitor public health emergencies and focus responses by integrating patient care and public health.

In response to the 2009 influenza pandemic, the Indian Health Service (IHS) used its existing EHR, through collaboration with the Centers for Disease Control and Prevention (CDC) and the Food and Drug Administration (FDA), to rapidly develop, validate, and implement a national electronic surveillance system covering over 60% of its facilities serving the historically vulnerable American Indian and Alaska Native population.

This new surveillance system, the IHS Influenza Awareness System (IIAS), provided timely information on influenza-like illness, influenza vaccination rates, and potential adverse events following vaccination. Its results allowed for strategic allocation of limited resources during the pandemic. Because it used existing, routinely collected EHR data, the system accomplished these outcomes at minimal cost.
IIAS reports are posted weekly at http://www.ihs.gov/flu. IHS is currently expanding this scalable system to include other health conditions. The IIAS highlights how EHR systems can improve public health responses by providing timely health information to both clinicians in the field and agency decision makers.

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IHS Influenza Awareness System Report

Electronic Patient Tracking in Disasters

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Having the most up-to-date information during disasters is essential in providing the best care. Through its novel use of technology, the Bethesda Hospitals’ Emergency Preparedness Partnership Patient Tracking and Locating System empowers hospital emergency management staff with real-time information, assuring key decision makers have the information necessary to make timely decisions.

This unique innovation, a collaboration of public and private institutions, overcomes traditional challenges hospitals face during disasters, where large surges of incoming patients place a major burden on limited hospital resources. Through its novel use of technology, the Bethesda Hospitals’ Emergency Preparedness Partnership (BHEPP) Patient Tracking and Locating System empowers hospital emergency management staff with real-time information about incoming patient counts, severity status, and location, assuring key decision makers have the information necessary to make timely decisions critical to patient care. Early successes include 100% accountability for patient transfers between hospitals, and a reduction of a historically 30 minutes to an hour, paper-based discharge process to a matter of minutes. The destination hospital now has immediate access to electronic patient data on the portal and time to prepare for the transferring patients’ arrival.

The BHEPP Patient Tracking and Locating System directly supports HHS’s goals for protecting American’s health and safety during emergencies and promoting adoption and meaningful use of health information technology. It is a cost-effective, exportable model that promotes the re-use of existing hospital investment in technology and can be used to manage the flow of patient and information in diverse situations.
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Electronic Tracking & Transport of the Nation’s Organ Transplant System

http://www.hhs.gov/idealab/pathways/...entrepreneurs/
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The Health Resources and Services Administration is working to revise the existing organ transplantation system and include electronic components for identifying organs and tracking their movement, to minimize the potential for misdirection or other delays in organ transportation and reduce the chance of incorrect transplantation.

The Organ Procurement and Transplantation Network (OPTN) collects more than 8,000 organs from deceased donors each year, and more than 22,000 organ transplants are completed annually. Use of electronic information capture provides a means of improving safety by eliminating the risk of manual transcription error, and speeding up the information transfer process. It is the Department of Health and Human Services’ (HHS) belief that a revision of the OPTN organ identification, labeling, packaging, and transport system to include electronic components for identifying organs and tracking their movement will minimize the potential for misdirection or other delays in organ transportation and reduce the chance of incorrect transplantation. Among the key electronic elements that are being considered during the revision are: (1) digitized organ identification and organ container labeling using a system such as bar codes or Quick Response (QR) matrix bar codes, and (2) organ container tracking/tracing process through technologies such as Radio Frequency Identification Devices (RFID) and Geo Position Satellite (GPS) tracking.

An electronic organ tracking system will have several important public health benefits, including: minimizing the potential for misdirected or delayed organ transport, reducing the chance for incorrect transplantation, eliminating manual transcription errors, accelerating information transfer about the organs to key program stakeholders, and capturing extensive organ transport data and logistical information that will provide invaluable to the OPTN for optimizing organ allocation and minimizing geographic variability in organ access for people waiting for transplantation. External Entrepreneur David Cartier and Internal Entrepreneurs Joyce Somsak and Richard Durban are working with OPTN to update the current system.

To date, David has been field testing the electronic tracking system that has been developed at various sites to improve the product. Additionally, David has briefed the OOPTN Board of Directors on progress being made through the project and the plans to have a fully deployable application built by 2014.
A team from the Food and Drug Administration (FDA) stationed in the port of San Juan, Puerto Rico tested a fast-screening method to identify bacteria in food samples. The method, already established in academia, was validated in their government labs. Once expanded, this process could greatly shorten the time it takes to identify bacteria in food samples.

**Project Summary**

The FDA tests samples of food for contamination of bacteria to help ensure the safety of our food system. In 2012, the FDA oversaw 11,136,599 shipments of food coming into ports across the country. Of these, less than 2% were actually able to be examined.

From the day a shipment of food arrives in a port, the FDA has only 4 days to test whether this food is safe to eat. If they are not able to test the food for microbes within this timeframe, the food is released into the food system anyways. However, the conventional microbiological procedures used are labor-intensive and time-consuming. Further, this team, based in San Juan, Puerto Rico, must send samples of the food to Atlanta for analysis.

This team is exploring whether a “fast-screening” methodology for microbe identification that has been used in academia can be used in FDA operations. The methodology uses capillary electrophoresis (CE) coupled with mass spectrometry (MS) to develop protein pattern recognition by an electropherogram for bacterial samples in food without sample preparation. With the fast-screening method of CE-MS protein-pattern recognition, samples could be analyzed in as little...
as 30 minutes to determine the presence of bacteria. The use of this method could greatly shorten analysis time and result in a safer food system.

For their Ignite project, this team validated with prepared samples the capillary electrophoresis step in this coupled process. Their next steps include validating the process using actual food samples (instead of prepared samples) to measure bacterial recovery before expanding their testing to include mass spectometry.

This proposal builds on a previous effort of the CDC that successfully identified a specific type of tuberculosis. If successful, this idea might also be applied to other pathogenic organisms such as shigella, bacillus, anthrasis, and also viruses in the future.

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FDA-iRISK: A Fast Tool for Food Safety

http://www.hhs.gov/idealab/pathways/hhs-innovates/
http://www.hhs.gov/idealab/innovate/...food-safety-2/

Which foods and contaminants are public-health priorities? Collaborating with many partners, the Food and Drug Administration developed FDA-iRISK to address that question. The online system simultaneously ranks public-health risks from multiple contaminants, in multiple foods and calculates how contamination and illness from each would change with changes in food-production practices.

The Food and Drug Administration (FDA) created a new tool to answer a key question: Which foods and contaminants are public-health priorities? Collaborating with many partners, the agency developed FDA-iRISK into an on-line system that can

1. Simultaneously rank public-health risks from multiple contaminants, in multiple foods;
2. Calculate how contamination and illness from each would change with changes in food-production practices; and
3. Do it faster, via pre-built mathematical functions and templates.
Risk models that estimate public-health outcomes of food contamination and effectiveness of interventions provide crucial information for policy and prioritization decisions. FDA-iRISK automates the time- and labor-intensive process of developing mathematical models to simulate risk and intervention in food-production chains, giving regulatory and industry decision-makers a systematic, faster way of comparing and ranking risks in the food supply and predicting best solutions.

FDA collaborated with the Joint Institute for Food Safety and Applied Nutrition, Risk Sciences International, and others to make FDA-iRISK widely available, for free, including to food-exporting countries. Since its October 2012 release, the FDA-iRISK site has garnered more than 1,000 visits representing every continent. FDA-iRISK also fills the need for a systematic repository and knowledge base of risks and solutions in the global food supply.

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FDA-TRACK Gallery Submissions

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As part of President Obama’s Open Government Initiative, the Food and Drug Administration created FDA-TRACK, the first federal agency-wide performance management program. FDA-TRACK analyzes and reports monthly performance on 114 offices and 8 key initiatives.

As part of President Obama’s Open Government Initiative, the Food and Drug Administration (FDA) created FDA-TRACK, the first federal agency-wide performance management program. FDA-TRACK analyzes and reports monthly performance on 114 offices and 8 key initiatives. Each quarter, the FDA-TRACK team utilizes statistical models to
analyze monthly performance data from each office/initiative. Over 20 briefings are conducted each quarter whereby responsible office directors present their data to FDA executive leadership, bringing together the most senior officials face-to-face and facilitating communication and decision making. Results are posted to the FDA-TRACK website, allowing stakeholders to monitor progress on over 650 performance measures and 100 key projects. In less than a year, the website has attracted over 250,000 visitors and 7,500 monthly subscribers, and was selected as a flagship initiative for the HHS Open Government Plan.

FDA-TRACK is also used for the reporting of our most high priority goals. Interested parties will be able to see our agency’s measures and progress towards work in critical public health programs such as expediting egg farm inspections and availability of the H1N1 vaccine, as well as operational support initiatives to improve the time to hire new employees and response time to emergency calls into our call center network.

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FDA’s Anti-Counterfeit Device

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Traditional methods of detecting counterfeit products are effective but require expensive, sophisticated and frequently bulky instrumentation. To make this process more efficient, the Food and Drug Administration developed the Counterfeit Detection Device (CDx) and methodology to screen for counterfeit pharmaceutical dosage forms and packaging in a real-time non-destructive manner.
The Food and Drug Administration’s (FDA) Office of Regulatory Affairs, Forensic Chemistry Center developed the Counterfeit Detection Device (CDx) and methodology to screen for counterfeit pharmaceutical dosage forms and packaging in a non-destructive manner. Although traditional methods of detecting counterfeit products are effective, they require expensive, sophisticated and frequently bulky instrumentation, with testing performed in a laboratory by highly trained operators.

The CD3 is an inexpensive, rugged portable, hand-held, electronic device allowing ‘real-time’ rapid screening results in the field. It is simple to use and does not require special technical training. The CD3 is being used at a number of points of entry, where inspectors screen drugs, associated packaging, and cosmetics to identify counterfeit, falsified and unapproved products. The battery-operated device emits wavelengths of light from ultraviolet to infrared. The CD3 is used to examine tablets, capsules, powders, and packaging (inks, papers and covert markings). It has also demonstrated utility in examining products that have been tampered, re-labeled or re-glued. The CD3 is used to analyze numerous counterfeit products including drugs people take daily. The use of the device is being scaled to help improve the quality of medicines in areas with the greatest counterfeit drug problems, where bad products have been directly linked to adverse health consequences.

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Forming Partnerships to Develop Lifesaving Technologies

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From Outer Space to the Eye Clinic

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Collaboration between NASA and the National Eye Institute led to the development of a clinical device for much earlier detection of cataracts that measure changes in alpha crystalline proteins in the lens of the eye which was adapted from a device created for use in outer space.

Cataract remains the primary cause of blindness in the world today. The ability to detect a pre-cataractous lens would allow those at risk to modify environmental risk factors, such as sunlight exposure, cigarette smoking, diabetes control, and alcohol consumption, to avoid or prolong the need for surgery. Early detection would also be helpful in identifying patients for clinical trials evaluating drugs to prevent cataract formation. However, until now, the only way to detect alpha crystallin levels and protein aggregation in the pre-cataractous eye was to remove the lens and perform chemical analysis.

Dr. Manuel Datiles of the National Eye Institute (NEI) from the National Institutes of Health and Dr. Rafat Ansari of the National Aeronautics and Space Administration (NASA)-Glenn in Ohio collaborated to develop a diagnostic tool using dynamic light scattering (DLS) technology used in the Space Station to non-invasively detect pre-cataractous changes in the lens. Nuclear senile, or age-related cataract, the most common type of cataract, results from damage to lens proteins through oxidative stress. Over time, the damaged lens proteins aggregate, causing the lens to cloud. In the last few years, NEI investigators have shown that the molecular chaperone, alpha crystallin, prevents lens proteins from aggregating. Specifically, alpha crystallin binds to the unraveled tips of damaged lens proteins. The bound proteins cannot then stick to one another, thus preventing protein aggregation and cataract formation. Humans are born with a fixed amount of alpha crystallin. Cataracts begin to form as the supply of alpha crystallin is exhausted.

The DLS device measures the amount of unbound alpha crystallin in the lens to monitor lens health and cataract risk. The development of this device now makes it possible to monitor pre-cataractous changes in the lens to identify at-risk patients and test new anti cataract drugs. In addition, oxidative stress (which cause the loss of alpha crystallin protein) is believed to cause aging and related illnesses as well as radiation injury. Hence, Drs. Datiles and Ansari are collaborating with Dr. Walter Stark of Johns Hopkins Hospital and NASA physician-scientists to use the DLS to study aging related cataract and related illnesses like Alzheimer’s disease, as well as radiation injury in astronauts.

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Finding the latest health recommendations that are both science-based and easy to understand can often be difficult. The recently developed National Library of Medicine Video Search is a new tool that lets you quickly search for words and phrases in Section 508-compliant historical medical and public health films created by the U.S. government.

National Library of Medicine (NLM) Video Search is a new tool that lets you quickly search for words and phrases in Section 508-compliant historical medical and public health films created by the U.S. government. NLM Video Search accurately and quickly searches digital videos with embedded transcripts. In addition to offering a full-text search of a film’s transcript, the tool graphically displays where a search word or phrase occurs within the timeline of a film. Clicking the timeline takes the user immediately to the part of the film where the word or phrase appears.

NLM Video Search is based on a combination of open-source and inexpensive commercial multimedia tools enhanced with speech recognition technology. It is easily integrated and customizable to fit any digital content, repository or web application. NLM Video Search holds tremendous potential for enhancing collaboration among government agencies by making videos of current lectures, conferences, governance committees, training meetings, and official observances more accessible.

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Health Data Consortium Affiliates Network

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The Health Data Consortium’s Health Data Initiative Affiliates Network has established regional chapters across the country to work with state and local governments to liberate health care data, and replicate the success of the national Health Data Initiative in engaging entrepreneurs and the business community around the new data.

The Health Data Consortium, a collaboration among government, non-profit, and private sector organizations working to foster the availability and innovative use of data to improve health and health care, which HHS is a member of has established a regional network of affiliates. In the first year of development, the Innovator-in-Residence organized and expanded the Health Data Consortium Affiliate network.

The regional affiliates work to promote the ideals of open data in health around the country. They host events and build local networks of groups including startups, entrepreneurs, health companies, universities, government agencies, and other innovators to create an ecosystem around using open data to improve health outcomes for individuals and communities. Under the tenor of the Innovator-in-Residence, two affiliates held local datapaloozas.

More information on the Health Data Affiliates can be found here and more information on the HHS Health Data Initiative can be found here.

Health Information Exchange Accelerators

http://www.hhs.gov/idealab/pathways/...entrepreneurs/
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The Office of the National Coordinator for Health Information Technology (ONC) is working to accelerate health information exchange (HIE) by developing new tools that can reduce HIE implementation effort and cost for a wide range of health care entities including those that are not eligible for the Centers for Medicare & Medicaid Services (CMS) Electronic Health Records (EHR) Incentive Program.

Health information exchange (HIE), such as sharing a patient’s medical information for the purposes of care coordination, is a critical success factor in achieving the quality improvement and efficiency objectives of the Affordable Care Act (ACA) and the HiTECH Act. Thus, the Department of Health and Human Services (HHS) has a strong policy interest in rapidly driving broad participation in secure health information exchange. To address this need, the Office of the National Coordinator for Health IT (ONC) proposes to develop targeted, open source toolkits that can be rapidly and cost-effectively deployed by a wide range of health care entities including those that are not eligible for the Centers for Medicare & Medicaid Services (CMS) electronic health record (EHR) incentive programs (e.g. long-term care centers, skilled nursing facilities, surgery centers, home health agencies, imaging centers, public health departments).

The HHS Entrepreneur will work with the community of implementers to develop a standards based HIE platform built entirely from open source components. The platform aims to disrupt the economics of directed HIE by demonstrated how standards based exchange leads to scalability and how open source components allow for inexpensive setup.
The platform will be piloted by a group of Accountable Care Organizations that have risk-based incentives to improve care efficiency across federate boundaries. The initial use case will be sending “ADT Alerts”. An “ADT alert” is a real-time notification of an admission, discharge, or transfer encounter sent to a care coordinator or primary care physician (PCP) that is used to effectively intervene in the care pathway. Organizations using ADT alerts have shown reduction 30-day readmissions, improved outcomes and qualifying the PCP for higher Medicare reimbursements under the transitional care management CPT codes. Other organizations have demonstrated that ADT alerts can be used to reduce the number of ED to inpatient transitions. Effective interventions include activities such as scheduling a follow-up appointment after discharge, ensuring the patient understands discharge instructions, calling the ED to direct a patient to a less expensive admission and several other meaningful opportunities to affect the care pathway.

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EXTERNAL ENTREPRENEUR

Mark Monterastelli

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Healthcare Practitioner Credentialing Portal

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The Health Resources and Services Administration (HRSA) is building a healthcare practitioner credentialing portal to streamline and simplify the credentialing of health care professionals.

Credentialing departments in hospitals, health plans, Federally Qualified Health Centers, long term care facilities, ambulatory surgical centers and others must obtain information on health care practitioners before granting privileges or membership. State licensing boards also obtain information prior to issuing a license or certification. Health care entities are required to obtain primary source verification, requiring them to reach out to multiple collection system to obtain the
necessary credentialing information. Maintaining multiple, disconnected repositories of pertinent data used to credential health care professionals is expensive and ineffectual.

HRSA is engaged in a collaborative initiative to create a central portal (a one stop shop) for stakeholders, e.g. health care licensing boards, hospital credentialing departments and health care professionals to access and obtain necessary credentialing information. The project involves consolidating or synchronizing relevant systems, which include HRSA’s National Practitioner Data Bank (NPDB), the Centers for Medicare & Medicaid Services (CMS) National Plan and Provider Enumeration System (NPPES), the CMS Provider Enrollment, Chain, and Ownership System (PECOS), and the Office of the Inspector General’s List of Excluded Individuals/Entities (LEIE). Consolidating the credentialing portion of these systems will provide ready access to pertinent data, achieve time and cost savings; service customers more fully, enhance the integrity and quality of the collective data and achieve economies of scale, and provide a platform to pass greater savings onto users.

ENTREPRENEUR DESCRIPTION

HRSA is looking for two entrepreneurs with backgrounds in technology and data analytics, specifically the development and implementation of consumer service platforms. Following are desired skills and qualifications:

- Visionary leader in business intelligence and data analytics who can solve sophisticated business problems with data searching, matching, etc.
- Large-scale data mining and data/system integration experience
- Experience with the planning, design and development of web portal with centralized reporting and analytical capabilities of multiple disparate transactional information systems
- Extensive understanding of enterprise data management and methodologies for addressing challenges with data standardization, data architecture, data matching algorithms, and data modeling skills, both in detailed data modeling as well as object and entity modeling
- Expert in portal technology (encompassing COTS software, the availability of technical experts, and component strength and weaknesses)
- Knowledge of and experience with extraction, transformation and loading technology, system component and data integration
- Knowledge of information technology security related to the protection of Personally Identifiable Information (PII)
- Past project management experience, especially in design, implementing and measuring the success of pilots
- Ability to engage with various stakeholder communities and create meaningful change

HOW WILL YOU BENEFIT FROM THIS POSITION?

As an entrepreneur you have the chance to make a meaningful difference in lives of millions of Americans. This project will revolutionize how healthcare credentialing occurs. You will have the chance to network with individuals across government and health care sectors.

APPLY NOW

If this opportunity sounds like a perfect fit you, apply now or share the opportunity with someone. Applications will be open from May 5, 2014 – July 16, 2014.
INTERNAL ENTREPRENEURS

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Ernia Hughes, Health Resources and Services Administration
Cynthia Grubbs, Health Resources and Services Administration
Thomas Sowinski, Department of Health and Human Services’ Office of the Inspector General
Tina Fuchs, Department of Health and Human Services’ Office of the Inspector General
Jill Wright, Department of Health and Human Services’ Office of the Inspector General
Richard Gilbert, Centers for Medicare & Medicaid Services
Zabeen Chong, Centers for Medicare & Medicaid Services

IHS Workforce Development: Going Lean to Understand Needs

http://www.hhs.gov/idealab/pathways/hhs-ignite/
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Providing the Indian Health Service (IHS) workforce with training and education in important clinical and public health topics is critical in meeting the needs of a population suffering from significant health disparities. Through interviews with multiple frontline staff including nurses, behavioral health professionals, physicians and emergency management specialists, this team deployed the Lean Startup methodology to develop a website prototype that allows professionals to rate and review training and educational material which can be accessed by their colleagues.

WATCH RELATED VIDEO

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IHS Workforce Development: Watch the 5 minute pitch.

Project Summary

Providing the Indian Health Service (IHS) frontline workforce with health training and education is critical in meeting the needs of a population suffering from significant health disparities. The Nashville Area Office of the IHS has professionals working in small, rural, Tribal and IHS facilities across the eastern half of the United States. When these professionals seek information, their problem is not that they are unable to find information, it’s that there is too much information.

This team used Lean Startup methodology to better understand the problem and build towards solution. Through interviews with multiple frontline staff including nurses, behavioral health professionals, physicians and emergency management specialists, the team found that staff is often unsure whether or not certain trainings are worth the time and effort to attend. The team developed a web-based solution that creates a feedback loop from frontline staff to Area Office staff. More specifically, the solution would allow staff to rate and review training and education material shared by Area Office staff. It also provides a mechanism to assess value of information as staff can see the ratings and reviews from their colleagues.
Having completed their prototype, the website is currently under construction with the resources offered by the Digital Services Innovation Center in the General Services Administration. The project will continue to progress and we will pilot test the website with a small group of users with a narrow focus of topics including tobacco cessation, blood pressure, and Alzheimer’s disease.

**Team Members**

John Shutze (Project Lead), Indian Health Service  
Bruce Finke, Indian Health Service  
Scott McCoy, Indian Health Service  
Harry Brown, Indian Health Service  
Tim Ricks, Director, Nashville Area Office, Indian Health Service

**Additional Information**

*Project’s Lean Canvas*

*Improving Beneficiary Access to Health Information*

[http://hhs.gov/idealab/innovate/impr...h-information/](http://hhs.gov/idealab/innovate/impr...h-information/)

*My Note: Page Not Found*

*Improving Health & Stability in Food Choices*


*My Note: Nothing*

*Increasing Efficiency in Rule Making with Natural Language Processing*

[http://www.hhs.gov/idealab/innovate/...in-rulemaking/](http://www.hhs.gov/idealab/innovate/...in-rulemaking/)

The current manual process for sorting public’s comments to proposed regulations is costly, inefficient, and burdensome. This team used lean startup methodology to map out and identify the inefficiencies in current processes, and then tested a tool that used natural language processing to auto-categorize the public’s comments. This test validated the approach of using this natural language processing tool: The tool showed successful results in its first testing phase. Were this effort to be expanded, the team projects thousands of employee hours and millions of dollars in savings.

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https://semanticommunity.info/Data_Science/Data_Science_for_the_HHS_IDEA_LAB  
Updated: Tue, 04 Jun 2019 00:23:53 GMT
Increasing Efficiency in Rule-Making:
Watch the 5 minute pitch.

Product Summary

The goal of this project was to increase efficiency in the processing of public comments on regulations. Currently, the public submits comments on proposed regulations on the Regulations.gov website. For certain regulations, comments can number in the thousands. After the public submits its comments, agency staff and/or contractors then process the comments to get them to the subject matter experts. The subject matter experts then review the pre-sorted comments to determine which comments apply to their portion of the regulation. The agency then addresses the comments in the final rule.

The current method is in need of reform, as it varies from office to office, is costly and inefficient, and is burdensome on staff. For example, for a sample Centers for Medicare & Medicaid Services rule, it took over 1,000 hours just to sort the public comments before the comments were even addressed. The process is also duplicative at times: When working under tight deadlines, contractors and agency staff may be performing the same sorting tasks in an effort to make sure the categorization is complete and accurate.

This project tested a tool that categorizes the comments to decrease the amount of time that contractors and staff spend sorting them. The tool specifically was “Content Analyst Analytical Technology tool (CAAT)” which sorted comments after agencies pull the comments from FDMS.gov, the docket management system used to collect public comments. Currently there is no such tool to our knowledge being used across the federal government.

The CAAT tool has two potential methods to sort comments. One is a user-defined function where the user trains the software (“the brain”) with related sample documents; defines the categories and provides examples; feeds the comments into the tool; and runs the categorization. The second is an auto-categorization function where the tool creates the categories without user input.

The categorization tool project has produced successful results in its first testing phase with HHS Ignite support, demonstrating savings of millions of dollars for just one pilot agency. The tool demonstrated the potential to save time and money, increase staff satisfaction, and do so with calculated accuracy rates. This project can be replicated and scaled not only across HHS, but also across the whole federal government.

Team Members

Oliver Potts (Project Lead), HHS Office of the Secretary
Katerina Horska, HHS Office of the Secretary
Sheila Bayne, HHS Office of the Secretary
Emma Di Mantova, HHS Office of the Secretary
Mindy Hangsleben, HHS Office of the National Coordinator for Health IT

https://semanticommunity.info/Data_Science/Data_Science_for_the_HHS_IDEA_LAB
Updated: Tue, 04 Jun 2019 00:23:53 GMT
Powered by mindtouch™
As the largest funder of biomedical research in the world, U.S. Department of Health and Human Services (HHS) directly and indirectly generates massive amounts of scientific data through research, grants, and contracts. The HHS Office of the Chief Information Officer and the HHS IDEA Lab want to build an innovative strategy to design, develop and link public-facing research database applications for the HHS.

The goal of this project is to create a solution to the U.S. Department of Health and Human Services’ (HHS) current problem of multiple, disparate data sources that simultaneously meets the requirements of two new White House memoranda (Increasing Access to Results of Federally Funded Scientific Research and Open Data Policy – Managing Information as an Asset).

Creating an HHS-wide repository of research data will be beneficial not only to HHS researchers, but to the scientific community as a whole. The power of linked data has already been demonstrated in other domains. For example, collecting data about where traffic accidents happen and then linking it with geospatial data provides cyclists with a way to avoid potentially dangerous routes. Similar data linkages can happen with medical data, as has been demonstrated by the Genome Wide Association Study (GWAS) Catalog and resultant biomedical research leading to new cures and diagnostics. There is tremendous potential to capitalize on the linked data capability with research data as well.

With this project, leads from Chief Information Officer (OCIO) and the HHS IDEA Lab hope to work with staff from the relevant research agencies (e.g. the National Institutes of Health, Centers for Disease Control and Prevention, Food and Drug Administration, and Agency for Healthcare Research and Quality) to create a business plan mapping out the way in which HHS can effectively develop data linkages across the organization.

ENTREPRENEUR DESCRIPTION

OCIO and HHS IDEA Lab are looking for a strong entrepreneur with a background in technology, specifically the development and implementation of consumer service platforms. Below are a list of specific skills and qualifications desired:

• Significant work experience using information systems and/or information technology in designing, developing and implementing databases. Candidate should have a proven track record of overseeing the building of databases, data linkage, and successes working with large sets of disparate data.

• An advanced degree in information systems and/or information technology is preferred, but not required.
• Understands of enterprise architecture and IT systems/design.
• Experience in business development, and lean/agile methodology.
• Demonstrates leadership and communications abilities to bring together a multitude of stakeholders with various interests in the process.
• Embodies the entrepreneurial spirit with the capacity to lead and quickly innovate in a large bureaucratic environment.
• Familiarity with the scientific publications process is desired, as this is where most of the unlinked data resides.
• Familiarity with the HHS research agencies or biomedical research is helpful, though not required.
• Past project management experience, especially in design, implementing and measuring the success of pilot

HOW WILL YOU BENEFIT FROM THIS POSITION?

As an entrepreneur you have the chance to make a meaningful difference in lives of millions of Americans, by improving the public’s access to research data. You will have the chance to network with individuals across government.

If this opportunity sounds like a perfect fit you, apply now or share the opportunity with someone. Applications will be open from May 5, 2014 – July 16, 2014. My Note: I did apply!

INTERNAL ENTREPRENRURS

Damon Davis, HHS IDEA LAB
Cynthia Colton, Office of the Chief Information Officer

Integrating Health Insurance Marketplace Data to Visualize Efforts and Impact

http://www.hhs.gov/idealab/pathways/hhs-ignite/
http://www.hhs.gov/idealab/innovate/..lace-outreach/

The Center for Medicare & Medicaid Services streamlined its Marketplace outreach reporting pathway and developed prototypes for data visualizations for improved decision-making at CMS and HHS.

WATCH RELATED VIDEO

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Integrating Health Insurance Marketplace Data: Watch the 5 minute pitch.

Project Summary

With the implementation of the Affordable Care Act (ACA) and the Health Insurance Marketplace, the Centers for Medicare & Medicaid Services (CMS) and other parts of HHS have been tasked with conducting outreach efforts to
reach the uninsured. Recognizing the importance of having accessible data to drive strategy and collaboration for Marketplace outreach efforts, CMS and HHS explored ways to improve the use of outreach and enrollment information as a feedback mechanism to improve decision making as to the allocation of resources.

This project had two components: The first was a focus on improving CMS’s data collection system, RECON (a custom implementation of Salesforce) to track activities and outreach for CMS Regional and Central Offices. After interviewing end-users and watching their actual interactions with the system, an “Activity Wizard” was created for RECON to address significant data entry and quality barriers. The RECON “Activity Wizard” was piloted with lead RECON users and is undergoing refinements for agency wide use during the upcoming fall Open Enrollment period.

The second component of this project involved the development of visual data dashboard prototypes that combined RECON data and Marketplace enrollment data. The goal of these prototypes was to demonstrate how the information could be used to find possible correlations in spikes in enrollment or account creation activities. Refinements of this prototype through end-user engagement will determine the data sources needed to be incorporated and the specific visualizations desired.

Team Members

Stephanie Magill (Project Lead), Center for Medicare & Medicaid Services
Bob Adams, Center for Medicare & Medicaid Services
Marni Land, Center for Medicare & Medicaid Services
Jermaine Burkhalter, Centers for Medicare & Medicaid Services

Project Lead’s Approving Supervisor:
John Hammarlund, Regional Administrator, CMS Regions V and X

Joining Forces to Fight Childhood Obesity

http://www.hhs.gov/idealab/pathways/hhs-innovates/
http://www.hhs.gov/idealab/innovate/...dhood-obesity/

To advance and accelerate progress in addressing the nation’s childhood obesity epidemic, the National Institutes of Health (NIH), the Robert Wood Johnson Foundation (RWJF), the Centers for Disease Prevention and Control (CDC), and the United States Department of Agriculture (USDA) formed the National Collaborative on Childhood Obesity Research (NCCOR).

In the United States more than 33 percent of children and adolescents are overweight or obese. Because most obese children grow up to be overweight or obese adults, preventing obesity during childhood is critical.

To advance and accelerate progress in addressing the nation’s childhood obesity epidemic, the National Institutes of Health (NIH), the Robert Wood Johnson Foundation (RWJF), the Centers for Disease Control and Prevention (CDC), and the United States Department of Agriculture (USDA) formed the National Collaborative on Childhood Obesity Research (NCCOR).
NCCOR’s mission is to improve the efficiency, effectiveness, and application of childhood obesity research in an effort to halt—and reverse—childhood obesity through enhanced coordination and collaboration.

In building on each other’s strengths, CDC, NIH, RWJF, and USDA are advancing the field through complementary and joint projects, such as a $27 million study to evaluate community programs to reduce childhood obesity.

NCCOR is a unique example of how federal agencies are working with each other and with private partners to bring synergy and innovation to address childhood obesity. This public-private collaboration spurs action, provides strategic direction and is building a strong foundation of research to guide the nation’s efforts to prevent and reduce childhood obesity.

TEAM MEMBERS

Laura Kettel Kahan, Centers for Disease Control and Prevention
Rachel Ballard-Barbash, National Institutes of Health
Tracy Orleans, Robert Wood Johnson Foundation
Molly Kretsch, U.S. Department of Agriculture
Terry T-K Huang, University of Nebraska
Todd Phillips, Academy for Educational Development

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Leveraging the Public to Catch Fugitives

http://www.hhs.gov/idealab/pathways/hhs-innovates/
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The Office of Inspector General is pursuing 170-plus fugitives who have defrauded Medicare, Medicaid, and taxpayers of hundreds of millions of dollars. Focusing attention on these health care criminals via the Most Wanted Health Care Fugitives Website effectively harnesses a previously untapped resource: the public.

The Most Wanted Health Care Fugitives Initiative is the Department of Health and Human Service’s Office of Inspector General’s (OIG) first-ever fugitives website and the first Federal Government listing focusing solely on criminals wanted for health care fraud.

In the Initiative’s first year, 10 fugitives were captured and held responsible for stealing millions of dollars. An international fugitive even turned himself in after discovering himself on the Most Wanted list. Hundreds of stories have appeared in print, radio, and on the three major television networks. Five other Inspectors General inquired about pursuing the idea. Most important, OIG has joined forces with American citizens to more effectively rid the Federal health care system of fraud.

OIG special agents, even with the help of other federal law enforcement partners, cannot be on every U.S. street corner, so tips are essential. The Most Wanted Fugitives website is updated frequently with new fugitive photos and profiles; a
24/7 hotline collects public tips. A newly redesigned website, the use of new media, traditional media outreach, and other communication tools keep the public informed of OIG’s fraud-fighting efforts.

In an era of fiscal belt-tightening, the Most Wanted Fugitives website reassures taxpayers the Government will catch those who scam the system while deterring others from doing the same.

TEAM MEMBERS

Roberta Baskin, Office of the Inspector General
Erin Fuchs, Office of the Inspector General
Jessica Long, Office of the Inspector General

RELATED WEBSITES

Most Wanted Health Care Fugitives
Fugitive Profiles

Lighting the Way: NIOSH Cap Lamp

http://www.hhs.gov/idealab/pathways/hhs-innovates/
http://www.hhs.gov/idealab/innovate/...iosh-cap-lamp/

Underground mines are often dangerous confined environments with poor visibility. While recent cap lamps have been slightly updated, the functionality of these lamps has been unchanged since the 1914. The National Institute for Occupational Safety and Health designed a LED cap lamp that improves worker safety by better distributing light using specialized, programmable optics.

Underground mines are dangerous environments that often include dust, confined spaces and poor visibility. Statistics show that slip, trip, and fall (STF) accidents are the second leading cause of accidents in underground mining. A cap lamp is the most important source of light for miners who depend heavily on visual cues to detect STF hazards and strike and pinning hazards posed by mining machinery.

While recent cap lamps have begun to incorporate light-emitting diode (LED) technology, the functionality of these cap lamps has been essentially unchanged since the 1914 Edison cap lamp.

The National Institute for Occupational Safety and Health (NIOSH) (part of the Centers for Disease Control and Prevention) LED cap lamp design improves worker safety by better distributing light using specialized, programmable optics. This helps workers see the immediate hazards in their surroundings more easily. Human subject test results comparing the NIOSH cap lamp to commercially available LED cap lamps show detection time improvements of up to 194% in floor hazard detection and up to 79% in peripheral motion detection, and also as much as 54% reduction in disability glare.

The knowledge gained from this research has resulted in five major changes in the international standard for cap lamps, benefitting miners world-wide. It is also expected to crossover to other industries and benefit other workers that use personal lighting such as military, security, and search and rescue personnel.
The rapid aging of the U.S. population is unprecedented but few public health professionals possess the skills to address the health needs of older Americans. To address this need, the Centers for Disease Control developed, “Improving Older Adult Health – Opportunities & Resources for CDC Professionals,” training.

The rapid aging of the U.S. population is unprecedented. It has far-reaching implications for our nation’s public health system as well as for aging services and long-term care needs. However, few public health professionals possess the specialized skills and knowledge to effectively address the health and health needs of older Americans.

The Centers for Disease Control (CDC) developed a course entitled, "Improving Older Adult Health – Opportunities and Resources for CDC Professionals," to equip public health colleagues with the necessary skills and knowledge to promote and improve older adult health.

The course prepares participants to address aging-related issues by incorporating an informed and targeted focus on older adults within their work responsibilities and by developing an understanding of ways these issues may impact their work. The course also addresses a public health imperative which compels health professionals to promote and pursue strategies to enable older adults to live longer, better.

CDC’s “Improving Older Adult Health – Opportunities and Resources for CDC Professionals” can be easily adapted to ensure that other HHS employees are better prepared to meet the needs of America’s growing older adult population.
While health professionals are working to improve the quality of care at the clinical level using data, the National Library of Medicine (NLM), created MedlinePlus Connect, a new tool that links electronic health record systems to relevant health and wellness information from MedlinePlus.gov.

With increasing use of health information technology, patients and health care providers can access consumer health information at the point they need it in an electronic health record (EHR) system.

MedlinePlus Connect brings patients or health care providers in an EHR to consumer-friendly information directly related to their search. MedlinePlus Connect accepts information requests based on coding systems already used by EHRs, and supports the health IT standards used by certified EHR systems as part of the Medicare and Medicaid EHR Incentive Program.

NLM worked with the Institute for Family Health (IFH), a group of community health centers, and piloted MedlinePlus Connect with IFH and Epic, an EHR provider. MedlinePlus Connect is easy-to-implement and free to any EHR system and its users.

TEAM MEMBERS

Joyce Backus, National Institutes of Health
Stephanie Dennis, National Institutes of Health
Naomi Miller, National Institutes of Health
Joseph Potvin, National Institutes of Health
Serena Burgess, National Institutes of Health
Maxine Rockoff, Columbia University
Public-private partnerships can make significant impact on the state of the nation’s health. Learn how the public and private sectors are using innovative approaches to collaboration, information dissemination, and project management to prevent heart disease and stroke, two of the nation’s leading causes of death.

Million Hearts™ is a national initiative to prevent one million heart attacks and strokes in America over five years. The initiative will achieve its goal through improved clinical and community performance on four key evidence-based prevention strategies: appropriate use of aspirin, blood pressure control, cholesterol management, and smoking cessation. As a result of the initiative, federal agencies have created a uniform set of measures to monitor clinical performance in implementing the interventions and have aligned incentives for clinicians and health systems to achieve high performance. In addition, clinical innovations to health care delivery and payment systems—health homes, patient-centered care homes, bundled payments, and accountable care organizations—will further improve focus on achieving the strategic targets. While the initiative was just launched in September 2011 and the number of events prevented is not yet known, these innovative approaches are exceeding expectations. Public and private partners are taking action to adopt the approach and interventions as their commitment to Million Hearts™.

The Million Hearts™ initiative is based on three key innovations: alignment of existing federal programs focused on the strategies, meaningful incentives for partners, and a multi-disciplinary approach to partner engagement and action. First, the initiative convened five teams (e.g., science, partnership, communication, field strategies, and management) to ensure a strategic focus for engagement and action. The result was a targeted approach to recruiting key partners to join the initiative and raise awareness of the initiative. New media technologies such as electronic pledges, Facebook and Twitter appeals, and other use of social media were key to initial mobilization of high-profile partners and alignment of efforts. In the first six months, this collaborative approach has yielded more than 4,000 pledges, 3,228 Facebook fans, more than 2,000 media mentions, and nearly 1.8 billion media impressions—a publicity value worth $1.5 million.

Second, Million Hearts™ used incentives to encourage collaboration from stakeholders. This approach included two key elements: making it easy for partners to co-brand their events and activities with the Million Hearts™ logo, and sharing core information resources among partner organizations. In the past 6 months, this novel approach has resulted in more than 35 public and private stakeholder organizations working together to deliver aligned and focused prevention strategies. The results of the model have led to an escalating number of new partners who are joining the initiative.

Third, innovative management techniques were used to enhance partner opportunities. This included alignment of federal programs for clinical care quality measures and supporting clinical quality initiatives that provides great potential
to ensure maximum outcomes from preventive health care services. This approach enabled the support Million Hearts™ while minimizing the need for significant new financial resources.

TEAM MEMBERS

Michael Schooley, Centers for Disease Control and Prevention
Peter Briss, Centers for Disease Control and Prevention
James Galloway, U.S. Department of Health and Human Services
Judy Hannan, Centers for Disease Control and Prevention
Joseph McCannon, Centers for Disease Control and Prevention
Farzad Mostashari, Office of the National Coordinator for Health IT
Janet Wright, Centers for Disease Control and Prevention

RELATED WEBSITE

Million Hearts

Modernizing CDC Mortality Data and Analytic Tools

http://www.hhs.gov/idealab/pathways/...entrepreneurs/
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My Note: Page Not Found on May 23, 2014

Modernizing the National Plan and Provider Enumeration System

http://www.hhs.gov/idealab/pathways/...entrepreneurs/
http://www.hhs.gov/idealab/innovate/...f-all-doctors/

The Centers for Medicaid & Medicare Services is working to improve one of their most in demand datasets, the National Plan and Provider Enumeration System. They are working to enhance usability, scalability and data quality. Managed by the Center for Program Integrity (CPI) at the Centers for Medicaid & Medicare Services (CMS), the National Plan and Provider Enumeration System (NPPES) is the National Enumeration System responsible for assigning the National Provider Identifier (NPI) as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The NPI is the unique identifier for healthcare providers and facilitates electronic transactions including eligibility and claims status inquiries and responses, referrals, remittance advices, etc. Currently over 4 million NPIs have been assigned to health care providers and over 4.3 million changes have been accepted to their records in NPPES. The use of the NPPES database has increased over time. On average more than 2,000 users download the publicly available file monthly and 2,000 to 10,000 users access the system on a daily basis. Now, more than ever the NPI is being analyzed by the health industry for additional uses, prompting more data requests from the industry.

Often the data in NPPES is out of date because sometimes the data entered upon the initial enumeration is rarely or never updated by the provider. The purpose of this project is to upgrade and improve the quality of data in NPPES by
identifying options for innovative and cost effective methods to encourage record maintenance and verify self-reported data using internal and external sources, such as:

1. Medical licensure information from State medical boards
2. Geographical data to validate the address of health care providers
3. Checks against Internal Revenue Service tax identification numbers
4. Enabling delegation authority so others may more easily manage NPPES records on provider’s behalf
5. Allow for two-way sharing of data in NPPES to other CMS system such as PECOS (the provider Medicare enrollment system)
6. Create public and internal application programming interfaces (APIs) that will make the NPPES data easier to use by the public and as an internal resource for HHS and CMS.

The vision is for the internal API to assist in CPI’s core mission of preventing waste fraud and abuse in our health care system.

INTERNAL ENTREPRENEURS

Peter Budetti, Centers for Medicare & Medicaid Services
Zabeen Chong, Centers for Medicare & Medicaid Services
Richard Gilbert, Centers for Medicare & Medicaid Services

EXTERNAL ENTREPRENEUR

Alan Viars

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MONAHRQ – My Own Network, powered by AHRQ

http://www.hhs.gov/idealab/pathways/hhs-innovates/
http://www.hhs.gov/idealab/innovate/...wered-by-ahrq/

Organizations have information & data that is of interest to people at the local level but developing a way to report it can be expensive and time consuming. MONAHRQ, developed by the Agency for Healthcare Research & Quality changes this. It is a free software product that helps organizations generate their own healthcare reporting website quickly and easily.
People need access to local information about health care services. Patients and their families need to know about the quality of health care at local hospitals, the costs of elective surgery, and how to choose experienced providers.

Many organizations have the information that can support these decisions. But developing a way to report it to the public is expensive and time consuming.

MONAHRQ was developed by the Agency for Healthcare Research & Quality (AHRQ) to address this problem. MONAHRQ is a free software product that helps organizations generate their own healthcare reporting website quickly and easily. MONAHRQ reads in local data or measure results, analyzes and packages the information, provides website customization options, and generates a fully functioning reporting website for the organization to host. MONAHRQ can help any organization get up and running with public reporting—state and local data organizations, quality reporting collaboratives, hospital systems, health plans, and individual hospitals.

MONAHRQ directly supports the Department of Health and Human Services’ mission to improve the quality, safety, efficiency, and effectiveness of health care for all Americans by helping provide people with information on the quality and costs of local health care.

TEAM MEMBERS

Carol Sneigoski, Agency for Healthcare Research & Quality
Anne Elixhauser, Agency for Healthcare Research & Quality
Teressa Fraze, Thomson Reuters Health Care

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MONAHRQ

Moving Drug Addiction Science into the Mainstream

http://www.hhs.gov/idealab/sammies/
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Nora D. Volkow of the National Institute on Drug Abuse was a finalist the category of Science and Environment for having demonstrated that drug addiction is a disease that changes brain function and created new strategies for treating patients with substance abuse issues.

Dr. Nora Volkow conducted groundbreaking research that has moved drug addiction science into mainstream medicine, demonstrating that addiction alters brain function and is a disease, not simply the result of poor judgment or personal weaknesses.

As director of the National Institute on Drug Abuse (NIDA) for the past decade, Volkow has used findings from cutting-edge research to promote the study and development of more effective intervention strategies to prevent and treat drug
abuse and addiction. She has made significant strides to curb the intertwined epidemic of HIV/AIDS and drug addiction, worked to stem the high rates of prescription opioid abuse and explored innovative medication strategies to treat drug abuse and addiction.

“She’s taken the National Institute on Drug Abuse and made it a neuroscience institute,” said Dr. Larry Tabak, principal deputy director at the National Institutes of Health (NIH). “She was an early proponent of the concept that addiction is a disease of the brain. This has had profound implications for our ability to identify people who are most at risk and develop evidence based interventions that work.”

Dr. David Shurtleff, NIDA’s acting deputy director, said Volkow’s early work with imaging showed that the “addictive brain is different than the non-addicted brain,” and that a deeper understanding of the multiple circuits that become disrupted in addiction is the key to developing medically-based treatments.

In addition, Volkow has shown that the part of the brain called the orbital frontal cortex, which allows people to anticipate consequences, does not have the same metabolism rate in an addicted person, leaving that individual unable to put the brakes on addictive behavior, according to Joanna Fowler, senior chemist at the Brookhaven National Laboratory, a Department of Energy funded research institution. Volkow’s research also has shown that addiction can impact all levels of society, from the most affluent to the most destitute.

Using this and other research as a springboard, Volkow has employed the resources of NIDA to impact drug addiction treatment in several ways.

With one million people in the United States living with HIV, and about 50,000 new cases occurring each year, Volkow has led a major initiative to identify the best strategies to implement the “Seek, Test, Treat and Retain” approach that identifies high-risk populations, including substance abusers and those in the criminal justice system, tests them for HIV, begins highly active antiretroviral therapy for those who test positive and provides the necessary support to help these individuals remain in treatment.

A 2010 Canadian study supported by NIDA showed that aggressive use of antiretroviral therapy was associated with a 50 percent decrease in new yearly HIV infections among injection drug users.

Volkow also led the support of research to provide greater access to evidence-based drug abuse treatments, including medications, and to encourage the integration of HIV and substance abuse treatment in primary care.

In another initiative aimed at addressing the growing abuse of prescription pain killers, Volkow helped create 12 Centers of Excellence for Pain Education at the NIH to develop, evaluate and distribute pain management curriculum resources for medical, dental, nursing and pharmacy schools. Under her leadership, NIDA is coordinating an NIH-wide effort to reach out to health care professionals and teach them about pain and its treatment. In addition, NIDA and the Food and Drug Administration are working together to develop an over-the-counter medication to prevent overdoses by rapidly reversing the reduced breathing that results from misuse of opioid drugs.

A third effort spearheaded by Volkow involves exploring new vaccines to aid addiction treatments. This immune-based strategy, actively being pursued through preclinical research and clinical trials, has already produced promising results that soon could translate into more effective medications to decrease drug use among patients who produce high levels of antibodies against cocaine or nicotine.
Thomas McLellan, president and CEO of the Treatment Research Institute, said Volkow has been “really influential in changing the public and governmental perceptions of the substance abuse problems from a character and pathology issue to an acquired, heritable disease that is preventable and treatable.” He said she has been pursuing a science-based strategy that emphasizes “fact over ideology,” and focuses on new ways to attack the problems.

Volkow was born in Mexico and received her medical degree from the National University of Mexico. Her father was a pharmaceutical chemist who had come to Mexico with his grandfather, Leon Trotsky, the Marxist revolutionary who was expelled from Russia by Josef Stalin in 1929 and exiled to Mexico where he was later murdered.

“In my family, I grew up immersed in a culture that taught us the importance of doing something that will improve the lives of others, and I have devoted myself to research, specifically around drug addiction,” she said.

“The issue for me was whether I could play the important role of transforming addiction from a criminal behavior to a disease of the brain. It was my studies that first documented that the brains of people addicted to drugs were different from those of the non-addicted,” she said. “That gave me a unique opportunity to use that knowledge to try and change the culture.”

Content is from the Sammies website and more information can be found here.

**Moving Towards Energy Efficient NIH Laboratories**

[http://www.hhs.gov/idealab/innovate/...efficient-labs/](http://www.hhs.gov/idealab/innovate/...efficient-labs/)

Laboratories at the National Institutes of Health (NIH) are energy intensive facilities using five to ten times more energy per square foot than an average office building. Reducing utility consumption makes it possible to accomplish more biomedical research without spending more money. This project captured energy consumption data from a sample of NIH laboratories. Initial findings validated the hypothesis, provide short-term recommendations, and support the further collection of data in order to improve lab design standards.

**WATCH RELATED VIDEO**

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*Moving Towards Energy Efficient Labs: Watch the 5 minute pitch.*

**Project Summary**

When designing heating, ventilation, and air conditioning (HVAC) systems, equipment loads are one of the major contributors to internal heat gains in conditioned spaces. Currently, the NIH Design Requirement Manual for Biomedical Laboratories and Animal Research Facilities (DRM) requires every lab to support at a minimum 8 watts per square foot of equipment load. Many universities and institutions have started using lower energy utilization indexes based on their
studies. Utilizing higher energy utilization indexes can result to oversizing HVAC systems, which can translate to increased construction costs and increased energy use due to inefficiencies at low part-load operation.

This project tested the hypothesis that equipment load design in NIH laboratories translate to oversized HVAC systems that operate at low part-load operation. Energy use of a sample of NIH laboratories was collected and analyzed. Due to the high number circuits that needed to be measured and limited energy meters, each meter was installed for one-week duration and rotated each week to measure a different circuit.

For equipment that operates constantly such as freezers, refrigerators, incubators, and biosafety cabinets, valid conclusions can be drawn about their daily energy consumption. A database is being assembled to develop energy reduction strategies by denoting other factors associated with their condition such as age, ambient temperature, time of operation, and maintenance. Based on this project, failing to provide preventative maintenance on ULT freezers and incubators translated to the units consuming 12-25% and 15% more energy, respectively. Installing timers on A2 biosafety cabinets saves approximately $250 annually. These strategies are easy to implement with very little capital investment that can translate to huge energy savings if it were adopted throughout an entire research institution.

No larger strategy recommendation can be made at this time with high degree of confidence. Because specific lab operation can vary from week to week; a longer period of data collection is needed to ensure that the full range of energy use is represented in the metered data. To supplement the data that has already been collected more energy meters would need to measure the energy consumption for all circuits in a given lab simultaneously over a longer period of time. Interviews with the lab researcher would be needed in future studies to assess the diversity of lab equipment operation to ensure maximum operating conditions are captured during the measurement period.

The NIH DRM promulgates minimum performance design standards for NIH owned and leased new buildings and renovated facilities. The NIH distributes more than 80% of its funding to almost 50,000 competitive grants to more than 300,000 researchers at more than 2,500 universities, medical schools, and other research institutions in every state and around the world and all these labs also adhere to the NIH DRM. The NIH DRM is also used internationally as the gold standard for lab design; therefore energy saving realized from right-sizing HVAC equipment would likely be replicated and expanded internationally to both public and private sector labs.

Further studies are still needed to develop equipment load database; however, the HHS Ignite (beta) program provided the catalytic resources to launch the study.

**Team Members**

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Rajib Chainani, National Institutes for Health  
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Don Guan, National Institutes for Health  

Project Lead’s Approving Supervisor:  
Susan Hinton, Division of Environmental Protection, Office of Research Facilities, Office of the Director, National Institutes for Health
NIAD FreeStuff: Stretching Tax Dollars

http://www.hhs.gov/idealab/pathways/hhs-innovates/
http://www.hhs.gov/idealab/innovate/...g-tax-dollars/

Why spend taxpayer money on a new microscope or chair if someone at the same government agency has that item and no longer needs it? NIAID FreeStuff provides an online forum where staff at the National Institute of Allergy and Infectious Diseases (NIAID) can post and search for surplus equipment and supplies, resulting in waste reduction.

NIAD FreeStuff is a simple, user-friendly website where staff at the National Institute of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health (NIH), can post and search for surplus equipment and supplies. The site fosters collaboration among laboratories and offices during a time of shrinking budgets. It encourages the reuse of already owned NIAD stuff rather than the purchase of new stuff.

NIAID FreeStuff promotes the reduction of operational expenses so that a higher percentage of budget dollars may be spent on mission-critical research, such as studies on HIV/AIDS, influenza, and other infectious diseases. NIAID FreeStuff has saved the institute thousands of dollars since its release in October 2011. The site is scalable and can be easily and inexpensively shared with other government agencies. In fact, plans are underway to expand the site to all of the institutes at NIH.

TEAM MEMBERS

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NIH RePORT: Public Access to Research

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http://www.hhs.gov/idealab/innovate/...s-to-research/

Looking for health-related research supported by the National Institutes of Health (NIH)? Use the newly developed NIH Research Portfolio Online Reporting Tools (RePORT), a one-stop shop for information on NIH research portfolio,
serving as an effective tool to communicate with the research community, legislators, institutional officials, health advocates, and the general public.

The Research Portfolio Online Reporting Tools (RePORT) is a one-stop shop for information on the National Institutes of Health (NIH) research portfolio, serving as an effective tool to communicate with the research community, legislators, institutional officials, health advocates, and members of the general public. RePORT supports Department of Health and Human Services’ efforts to:

1. **Promote prevention and wellness** by providing the public with easy access to information on NIH-supported projects and investigators, research findings, news, and clinical trials related to their personal health issues. Through state-of-the-art tools for searching the NIH portfolio and innovative linkages to other information geared more toward consumers, we are able to communicate better the relationship of NIH-funded research to public health issues and deliver this information in terms the public can understand.

2. **Accelerate the process of scientific discovery to improve patient care** by allowing members of the research community to make connections with other researchers, find the latest information on past and ongoing research projects, develop ideas for new research, and obtain federal support for innovative research with a potential for high impact.

3. **Promote program integrity, accountability, and transparency**: The extent of the information available through RePORT is unprecedented. The success of, and acclamation for, RePORT has helped promote a culture of open government at NIH.

**TEAM MEMBERS**

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NIH Research Portfolio Online Reporting Tools

Online Food Handler Training Project

http://www.hhs.gov/idealab/pathways/hhs-innovates/
http://www.hhs.gov/idealab/innovate/...ining-project/
How do you train over 3,500 people each year in food sanitation when contending with a twenty percent reduction in staff? The Albuquerque Area Indian Health Service, Division of Environmental Health Services’ solution to this problem is an online training designed to be efficient and culturally-relevant, involving multiple Federal and Tribal partners.

Recognizing the immense demand for food handler certification, conducting over 100 food sanitations trainings annually, the Albuquerque Area Indian Health Service (AAIHS), Division of Environmental Health Services (DEHS) didn’t have an option of hiring new staff. In fact, they experienced a 20 percent drop in staff while high demand for their Food Handler Certification persisted. To address the demand while not reducing services, the AAIHS and DEHS staff explored alternative methods for delivering services to tribal customers. In doing so, the Online Food Handler Training was developed.

The Online Food Handler Training provides food sanitation training in a format that is convenient for customers while also being low maintenance for DEHS staff. Adult-learning techniques and cultural considerations were incorporated so the message would resonate with tribal customers, potentially leading to increased knowledge and improvements in food safety in tribal facilities. For example the training scenarios involve workers in the fictional restaurant to illustrate food sanitation concepts in a way that is more relatable for food service workers; the names of the restaurant employees are based on bacteria and viruses that cause food borne illness. The Online Food Handler Training application is capable of collecting feedback from users, allowing services to be continually improved. While in-person trainings will continue to be provided, a conservative estimate is the Online Food Handler Training will be utilized by at least 10-20% of trainees, reducing the number of classroom trainings conducted by staff, ultimately reducing cost for the Department of Health and Human Services.

TEAM MEMBERS

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Tom Candelaria, Indian Health Service
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Debra Grabowski, Indian Health Service
Katie Hubbard, Indian Health Service

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Indian Health Services Food Handler Training

openFDA

http://www.hhs.gov/idealab/president...ation-fellows/
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openFDA, a new initiative to provide unprecedented access to FDA data and highlight projects in the public and private sector that use these data to further scientific research, educate the public, and save lives.
openFDA is an initiative of FDA’s Office of Informatics and Technology Innovation to provide a new level of access to a number of public high-value FDA datasets via RESTful APIs and structured raw file download. Currently, the project is in an early-development stage, with an alpha release of two datasets planned for spring 2014 and a larger public release later in the year. Additionally, openFDA will provide a platform for the community to interact with each other and FDA domain experts with the goal of spurring innovation around FDA data and creating new partnerships and opportunities between the public and private sector.

Presidential Innovation Fellow: Sean Herron

More information on openFDA


Stopping a Fungal Meningitis Outbreak

http://www.hhs.gov/idealab/sammies/
http://www.hhs.gov/idealab/innovate/...itis-outbreak/

J. Todd Weber and the CDC Multistate Outbreak of Fungal Meningitis and Other Infections Response Team was a finalist in the category of Citizen Services Medal for having quickly identified contaminated medicine as the cause of a major meningitis outbreak in 2012, and led the national public health response, alerting 14,000 potentially exposed patients and providing treatment information to the medical community.

In September 2012, the Centers for Disease Control and Prevention (CDC) began receiving reports from health officials in Tennessee about patients diagnosed with a rare form of meningitis. This worrisome information set off alarm bells at the CDC, which quickly launched an emergency response team led by Dr. Jonathan Todd Weber, chief of CDC’s Prevention and Response Branch.

Weber and his team ultimately linked the outbreak to injections of a steroid, which had been produced by the New England Compounding Center in Massachusetts and distributed to 76 facilities in 23 states. While the Food and Drug Administration (FDA) and the Massachusetts Board of Pharmacy investigated the firm and halted further shipments of what turned out to be contaminated medication, the CDC worked with state and local health departments and clinical facilities to notify, in record time, approximately 14,000 potentially exposed patients.

They also helped identify the pathogen and developed tests to detect it; put an epidemiology team to work tracking the course of the outbreak; alerted doctors and health care facilities across the country to stop using supplies of the dangerous drug; provided guidance to physicians on the limited treatment options; and offered a steady stream of information to the public.

“This was the most successful outbreak response we have ever conducted,” said Dr. Ileana Arias, the CDC’s principal deputy. “More quickly than ever before, the CDC team identified what the problem was and where the problem came from, and assured rapid, direct notification of thousands of people who were potentially affected.”
As of April 8, 2013, there were 733 reported cases of patients with infections attributed to the tainted steroid, including 53 deaths in 20 states. Most of the deaths occurred early on during the outbreak, and dramatically decreased after Weber and his CDC team intervened.

Dr. Rima Khabbaz, the CDC’s deputy director for infectious diseases, said it is tragic that people died and were sickened because of the contaminated medication. But she added that the rapid response by Weber and his CDC team made a big difference.

“There is no question that they saved lives,” she said. “This was public health at its best; a quick and decisive response.”

Without early and prolonged treatment, fungal meningitis can lead to stroke and death. Many months of one or more antifungal drugs are required for treatment. Patients exposed to the tainted steroid, which was used to treat back, joint or neck pain, experienced headaches, fever, stiff neck, back pain, dizziness, weakness and loss of balance. This made it essential to track down and assess all those who were exposed, as soon as possible.

Dr. Beth Bell, director of the CDC’s National Center for Emergency and Zoonotic Diseases, said Weber ran CDC’s emergency operations center, “juggling many, many balls in the air while at the same time keeping track of the big picture.”

She said “the outbreak was very complicated,” and required engaging a wide variety of experts.

“They were trying to come up with guidance when information was very, very limited. In a situation like this with a lot of unknowns, there was a need to marshal a lot of people with different expertise,” said Bell.

She said Weber was “a central point of reference,” the individual responsible for coordinating multiple and simultaneous activities in short time frames with the CDC’s chief health officer and the epidemiology, clinical, laboratory, policy, legal and communications teams.

This included the work of CDC’s laboratory scientists, who identified the pathogen causing the illness and in just two days developed tests for its detection. The CDC scientists also identified the specific organisms found in the contaminated medication vials and rapidly tested more than 800 specimens.

Weber’s team provided frequent updates for more than 240 clinical and professional organizations, held clinician conference calls that reached 5,300 participants, released multiple health advisories, and provided regular updates for the press on the CDC’s websites that were accessed more than a million times.

While the response had many moving parts, Weber said the bottom line was protecting public health.

“It was a new infection that had really never been seen or studied before. We had the potential for a new disease infecting many thousands of people in many different states,” Weber said. “Our goal was to get those people notified and help them get properly diagnosed and receive care.”

James Blumenstock, chief of the public health practice at the Association of State and Territorial Health Officials, said the CDC’s public health response represented “skillful and artful execution.”
“The CDC team had the spirit of collaboration, commitment and discipline to maintain 24-hour communication and coordination. There was the field investigation and data sharing between federal and state governments. It had every twist and turn you can think of,” said Blumenstock.

Below are is an interview with Tom Fox, from the Partnership for Public Service and J. Todd Weber on his and his team’s innovative work.

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Piloting Green Laboratories

http://www.hhs.gov/idealab/pathways/hhs-innovates/
http://www.hhs.gov/idealab/innovate/...-laboratories/

Two microbiologists from the Centers for Disease Control and Prevention were concerned about the landfill waste being generated from the plastic containers used in lab experiments. To make their labs green, they developed a procedure that autoclaves and sterilizes the plastic making it safe to recycle, resulting in 13,772 pounds of recycled plastic.

Concerned about the landfill waste being generated from the plastic containers being used in lab experiments, two microbiologists from the Centers for Disease Control and Prevention (CDC) developed a new procedure to make lab containers, which formerly held bio-hazardous material, safe for recycling.

They worked with the CDC’s Biosafety Office to create a procedure that would autoclave and sterilize the plastics so that they would no longer pose a biosafety threat.

Implementation of the sterilization process was an innovative step that allowed large amounts of lab plastics to be recycled rather than sent to landfills.

In a 16-month period, a total of 13,772 pounds of solid plastic waste was recycled from the first four laboratories. Through the laboratory recycling program, 6.7 percent of laboratory waste is now being diverted from the landfill. Currently, the program is being expanded to six new laboratories.

TEAM MEMBERS

Sandy Steiner, Centers for Disease Control and Prevention
Sandy Martin, Centers for Disease Control and Prevention
Kathy Slawson, Centers for Disease Control and Prevention
Tara Palmore, Julie Segre and Team of the National Institutes of Health were awarded the 2013 Federal Employees of the Year designation for their work in stopping the spread of a deadly hospital-acquired infection through the first-ever use of genome sequencing to identify the source and trace the transmission of antibiotic-resistant bacteria, creating a groundbreaking model for the health care industry.

During a nerve-racking 12-month period in 2011 and 2012, a rare, deadly strain of antibiotic-resistant bacteria was spreading through the nation’s premier research hospital.

Every effort to halt the outbreak was failing until a team of biomedical detectives led by Drs. Julie Segre and Tara Palmore at the National Institutes of Health (NIH) used a revolutionary new technology to track and contain the infection.

In the end, 18 seriously ill patients acquired the bacteria and seven died from the infection—a tragedy for the patients, their families and the NIH. But the frightening episode prompted the NIH for the first time to sequence the bacteria’s DNA to decipher how the pathogen spread from patient to patient, which then allowed the doctors to detect the origins of the infections, trace the transmission path and implement robust measures to put an end to the outbreak.

This use of genomics could radically transform the way hospital-acquired infections are identified and halted, leading to quicker response times and saving tens of thousands of lives. There are nearly 100,000 deaths a year in the U.S. attributed to these infections.

“It is a groundbreaking advance in one hospital that will now have an impact across the world and will become the standard,” said Dr. Francis Collins, director of the NIH. “It is a fantastic example of taking a challenging medical problem and applying technologies in a new way to come up with a remarkable result. We now have a new weapon in the battle to stop the spread of drug-resistant organisms.”

Dr. John Gallin, director of the NIH’s Clinical Center, said the breakthrough by the NIH team is “a magnificent demonstration of how a hospital can contain these infections when they occur.”

“With this new genomic approach, we can now with exquisite precision track the evolution of an infection in a hospital and from one hospital to another, one city to another and one country to another,” he said.

When the cluster of infections began at the elite 243-bed research hospital, Palmore, along with Dr. David Henderson, led the infection-control team. Segre, who has been involved in the Human Genome Project for 20 years, and colleague Evan Snitkin worked on the bacterial sequencing.

The deadly multidrug-resistant bacteria strain known as Klebsiella pneumoniae first entered the NIH’s Clinical Center in June 2011 from a patient who had been transferred from a health care facility in New York. The NIH hospital thought it
had taken steps to prevent patient-to-patient transmission, but another patient soon acquired the bacteria, followed quickly by multiple other cases.

After the second case, Palmore said she and her team "took rigorous outbreak control measures in escalating fashion" to stop the infection from spreading. Despite their best efforts, there still was no clear explanation of how the bacteria were spreading or where it all started. That's when Segre stepped in.

By sequencing the DNA from bacteria from each of the infected patients, Segre was able to definitively trace the strain to a single source, the New York patient.

When combined with traditional epidemiology tracking data, the genome sequence results showed the New York patient’s bacteria were transmitted to other patients on three separate occasions. The sequencing allowed Segre and her colleagues to track the exact route of the infections as the microbes hopscotched around the hospital in ways that were somewhat unexpected.

Using the sequencing results, Palmore undertook intense infection control measures and vigilant hospital-wide surveillance to break the chain of transmission and stem the outbreak.

With a limited number of antibiotics available to fight these highly resistant bacteria, Palmore and Segre are hopeful that using this technology will become a standard approach for hospital infection control.

“We have demonstrated a new approach to hospital infection control based on innovation and genomic technology,” said Segre.

Below are two interviews with Tom Fox, from the Partnership for Public Service and Julie Segre and Tara Palmore on their innovative work.

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Portal System: Linking Healthcare Clinics

http://www.hhs.gov/idealab/pathways/hhs-innovates/
http://www.hhs.gov/idealab/innovate/...hcare-clinics/
The Indian Health Service/California Area Office needed a better way of providing training and technical assistance to the 46 tribal and urban Indian health care programs in California, so they developed the IHS/CAO Portal System, a cost-effective, novel and easily accessible tool that enables health care staff at remote locations to access discipline specific online communities.

The California Area Office (CAO) of the Indian Health Service (IHS) is tasked with providing training and technical assistance to the 46 tribal and urban Indian healthcare programs scattered throughout an enormous geographic area. These healthcare programs provide a myriad of services including; primary and specialty medical care, dental care, behavioral health, pharmacy, and outreach. A cost-effective and efficient system needed to be developed to support customers who are not within the federal security boundary.

After serious consideration and analysis, the development team concluded that the problem is solved by the IHS/CAO Portal System, a collection of discrete online communities that are connected to each other and the IHS website through a common management framework. What differentiates the system from other available technologies is that it requires no licensing or expensive client access licenses; it reaches beyond federal intranets; and it supports the required level of customization.

The CAO Portal System is innovative because it:

1. Re-purposes open source software to extend its functionality, specifically with the iterative Ticket Management System
2. Fills a gap between federal information systems and our public website
3. Creates a collaborative environment which can include both federal and non-federal stakeholders and subject matter experts

TEAM MEMBERS

Robert Gemmell, Indian Health Service
Kelly Stephenson, Indian Health Service
Steve Riggio, Indian Health Service
Beverly Miller, Indian Health Service

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IHS/CAO Portal System Tour
IHS/CAO Portal System Login

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Supporting Tribal Grantees: ACF Makes it Simple

http://www.hhs.gov/idealab/pathways/hhs-innovates/
http://www.hhs.gov/idealab/innovate/...kes-it-simple/

Navigating grant requirements can be challenging, particularly when forms are complex and staff turnover is high. The Tribal Child Welfare Team within the Administration for Children and Families Region VI Children’s Bureau has made it easy by creating a solution for improved accessibility to title IV-B grant funds.

The Tribal Child Welfare Team within the Administration for Children and Families (ACF) Region VI Children’s Bureau created a solution for improved accessibility to title IV-B grant funds (non-competitive grant to serve Indian families and children who are at risk of abuse and neglect). This process included developing improved relationships with Tribal grantees to better understand how the processes and forms could be improved to match their needs.

Without this streamlined procedure to apply for title IV-B funds, many Tribal directors would not have the time or resources to apply. The new templates are user-friendly, are written in clear and concise language and have helped improve transparency in the application process.

The new templates also allow Tribes to make updates into the same document each year. This process allows for any new directors to review an entire five year cycle and update the document with information about what has happened in their program each year. This new approach minimizes the risk of losing funding because of staff turnover.

Since implementation two years ago, nearly all of the 67 recognized Tribes within the states of Louisiana, Texas, Oklahoma and New Mexico are taking advantage of title IV-B funding.

TEAM MEMBERS

Nanette Bishop, Administration for Children and Families
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Preparing for the Zombie Apocalypse

http://www.hhs.gov/idealab/pathways/hhs-innovates/
http://www.hhs.gov/idealab/innovate/...ie-apocalypse/

Getting people motivated to be prepared for emergencies can be difficult, but a team from the Centers for Disease Control and Prevention stepped outside the box with their zombie preparedness blog resulting in some unprecedented results!
Using the Centers for Disease Control and Preventions’ (CDC) blog, Public Health Matters, the self-proclaimed “Zombie Task Force” crafted a witty but educational blog post about zombie preparedness, while regularly referring to real emergencies like hurricanes, floods, or earthquakes. Communicators stated that if people were prepared for a zombie apocalypse they were prepared for any emergency. Readers were told how to make a plan and emergency kit and how to stay informed using CDC’s emergency website, which provides up-to-date information on emergencies, tools for preparing, and training resources.

Stepping outside the box proved a success. The blog went viral and trended on twitter; the traffic was so overwhelming that it crashed the CDC blog server. Although only $87 was spent, the campaign achieved an estimated 3.6 billion impressions and had an estimated marketing value of $3.4 million. This campaign increased awareness of preparedness activities, involving new audiences that weren’t previously engaged. The success of this campaign demonstrates the importance of listening to your audience and harnessing the power of social media to deliver your message globally. The success of the initial blog post has spurred many other products and partnerships, allowing CDC to reach a broad section of the population with an engaging and important topic.

TEAM MEMBERS

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Margaret Silver, Centers for Disease Control and Prevention
Ali Khan, Centers for Disease Control and Prevention
Catherine Jamal, Centers for Disease Control and Prevention

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Office of Public Health Preparedness & Response Zombie Preparedness 101: Zombie Pandemic Novella

The 100k Genome Project

http://www.hhs.gov/idealab/pathways/hhs-innovates/
http://www.hhs.gov/idealab/innovate/...to-its-source/

One in six Americans is sickened by foodborne illness each year. To help find the source of an outbreak to prevent further contamination and illness, the 100K Genome Project, developed through an innovative partnership among government, business and academia, is sequencing the genetic codes (genomes) of 100,000 strains of important food pathogens and making them available in a free and public database.

One in six Americans is sickened by foodborne illness each year, leading to an estimated 128,000 hospitalizations and 3,000 deaths. Many food outbreak events are never linked definitively to a food source or agent. However, quickly pinning down the source of an outbreak is essential for connecting a food facility or farm responsible for contamination and preventing further illness.
To this end, “The 100K Genome Project”, born out of collaboration between Food and Drug Administration (FDA), University of California-Davis, and Agilent Technologies and growing quickly, is sequencing the genetic codes (genomes) of 100,000 strains of important food pathogens, such as Salmonella, and making them available in a free and public database at NIH’s National Center for Biotechnology Information.

This endeavor will increase, by nearly 100-fold, the number of food pathogen genomes available in the public domain, fostering development of tests that will identify a bacterium at a much faster rate than current methods permit. The database also promotes a safe food supply for all Americans by providing a developmental roadmap for strategies to trace invading food pathogens back to their source and by serving as a valuable model for how public-private partnerships may overcome otherwise intractable challenges to public health.

TEAM MEMBERS

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Publication Planning & Clearance Process Improvement Project

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http://www.hhs.gov/idealab/innovate/...improvement-2/

The Office of the Assistant Secretary for Public Affairs (ASPA) seeks to re-engineer its publications planning and clearance process to better meet the needs of a communications landscape dominated by digital and social media.
Communications have fundamentally changed since the Department of Health and Human Services (HHS) publications planning and clearance process was first created in the 1980s. This process was developed to help HHS:

1. Create useful print and audiovisual publications;
2. Prevent duplication of products within the Department or elsewhere in the government;
3. Ensure consistency with HHS policy; and
4. Control costs.

The Office of the Assistant Secretary for Public Affairs (ASPA) is using new methodologies, including, lean and agile, to modernize an outdated and outgrown clearance process and better measure the success of communications projects. Aligned with the Digital Government strategy, this new Strategic Communications Planning process shifts the focus from how communications are deployed to a deeper emphasis on who is receiving our message, ensuring we can measure the impact of those communications. In the long run, the new process empowers independent Agency decision making alongside collaboration across the department, presenting One HHS to the American public.

INTERNAL ENTREPRENEURS

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Will Jenkins, Office of the Assistant Secretary for Public Affairs

EXTERNAL ENTREPRENEUR

Kristann Orton

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The Body Weight Simulator

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With so many weight-loss tools, diets, and exercise programs, why are 2/3 of American adults overweight or obese? The Body Weight Simulator, an innovative online tool for personalized weight management, is a new and effective way that doctors, researchers, and policymakers can address this public health issue using the latest available science.
America’s obesity epidemic is a major public health issue that costs us billions each year. Though most people know that a healthy diet and regular exercise are integral to weight management, few resources have been available for planning specific, personalized lifestyle modifications to achieve and sustain an individual’s goal weight. Existing online tools and mobile applications have tended to exaggerate weight loss.

Developed by the National Institutes of Health, Body Weight Simulator is the result of scientific advances in nutrition and metabolism that allow for realistic mathematical models of human weight change. This innovative online tool, which has been vetted by the scientific community and is being tested to determine practical utility, accurately predicts body fat and metabolism changes that occur during a diet and/or exercise intervention. Since its launch in August of 2011, the Body Weight Simulator has been accessed online by over 750,000 visitors, has been featured in several major media outlets, and was used in collaboration with United States Department of Agriculture to predict the effectiveness of a sugar-sweetened beverage tax. The simulator represents an important advancement for weight management professionals, policymakers, and researchers to help Americans achieve and permanently maintain a healthy weight.

TEAM MEMBERS

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Carson Chow, National Institutes of Health
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Body Weight Simulator

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The CDC Health Game Jam 2013

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The Centers for Disease Control and Prevention tested the concept of using a 48-hour game-development challenge (game jam) as an effective means to build inexpensive demos of health-related games and to improve awareness of and interest in public health careers among those with 21st century tech skills. The event, the largest game jam of any type ever held in the US and the first game jam sponsored by the US Government, demonstrated that game jams can
effectively and efficiently be used to build inexpensive demos of health-related games and improve awareness of and interest in public health careers.

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* CDC Health Game Jam 2013: Watch the 5 minute pitch. *

**Project Summary**

According to the Entertainment Software Association, games are played by 58% of Americans—by both genders and by a wide age range. Positive health outcomes from the use of computer games are documented. Game Jams are a proven way to bring game developers together to address a specific theme in a competitive, yet collaborative atmosphere, constrained by both a deadline and a confined location (i.e., single venue and 48-hour duration).

CDC’s Health Game Jam 2013 was a pilot event designed to merge disease prevention and health care subjects with this game development approach. It was an opportunity for game developers (designers, artists, and programmers) to work directly with CDC subject matter experts during a 48-hour long period to develop games that address CDC’s and HHS’s public health priorities.

The winning team spent five days at CDC learning more about public health, the federal government, and worked directly with CDC subject matter experts to ensure the accuracy of the game they developed. While this opportunity was very well received by the members of the winning team, it may be worth making the opportunity to work directly with CDC staff available to any game jam participants.

For this event, the CDC partnered with the RWJF-funded Games for Health Project, the Georgia Game Developers Association, and Southern Polytechnic State University, and the CDC Foundation. The project team was also able to leverage the $10,000 in HHS funding to obtain an additional $19,000 in matching funds and in-kind donations. Seventeen CDC Subject Matter Experts participated during the Game Jam and 27 during the internship.

The event exceeded forecasts, while boosting interest in public health among contestants:

- Game Jam Participants: 300
- Game Demos Developed: 29
- Impact on Participant Interest in Public Health Careers: Pre-event survey found 12% participants were interested in public health; Post-event survey found an increase to 50% of participants being interested in public health.

The event demonstrated that game jams can effectively and efficiently be used to build inexpensive demos of health-related games and to improve awareness of and interest in public health careers. Future plans include hosting a similar event in 2014 that builds on the lessons learned during the 2013 event, but also with a larger emphasis on evaluating the quality of games developed and the game’s effect on behavioral outcomes.
Team Members

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Project Lead’s Approving Supervisor:
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Additional Information

Videos of all CDC Health Game Jam 2013 Demos
Videos by CDC Health Game Jam 2013 Finalists
Play the Winning Game: “Kitchen Outbreak”

Ready, Cert, Go!

http://www.hhs.gov/idealab/pathways/hhs-innovates/
http://www.hhs.gov/idealab/innovate/ready-cert-go/

The hiring process in federal government can at times be cumbersome and difficult. To streamline the process, the Office of Human Resources recently implemented Ready, Cert, Go!, a proactive Departmental Enterprise Hiring Strategy to more efficiently and effectively provide hiring managers with talented candidates.

The Office of Human Resources (OHR), part of the Office of the Assistant Secretary for Administration, recently implemented Ready, Cert, Go (RCG), a proactive Departmental Enterprise Hiring Strategy to more efficiently and effectively provide hiring managers with talented candidates. The RCG initiative resulted in standing registers of qualified applicants, which are available for interviews at a moment’s notice. By preemptively announcing jobs and creating certificates, hiring managers no longer need to develop individual job announcements for each hiring need.

To begin RCG process, the Human Resources (HR) community analyzed attrition data, hiring trends, and budget submissions across HHS. They determined that 67% of the projected hiring needs for fiscal year 2011, almost 4,000 positions, came from only 12 occupational series. The HR community fostered strategic partnerships with the hiring managers at the Operating and Staff Divisions (OPDIVs and STAFFDIVs), as well as, with Subject Matter Experts to craft HHS-wide job announcements.

The first certificates were made available to managers on February 4, 2011 and managers are already making their selections. This critical initiative is assisting our agency in reducing its hiring timeframes below the Office of Personnel
Management 80 day requirement. RCG has already reduced the amount of repetitive work spent on individual announcements and classification actions, while improving our customer service.

TEAM MEMBERS

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The Coal Dust Explosibility Meter

http://www.hhs.gov/idealab/pathways/hhs-innovates/
http://www.hhs.gov/idealab/innovate/...ility-meter-4/

Coal dust in mines has a high risk of exploding if not properly controlled and has resulted in 64 fatalities and 18 injuries since the year 2000. The current method of testing the risk of explosibility of a mine can take weeks. To address this the National Institute for Occupational Safety and Health designed a new meter that instantly determines risk of explosibility.

The mining process creates coal dust which is explosive if not properly controlled. Since 2000, 64 fatalities and 18 injuries have resulted from numerous coal dust explosions. These catastrophic events can happen when methane ignitions lift and then ignite the coal dust present in the mines. The application of inert, pulverized rock dust to the mine roof, walls, and floor is one of the main means for maintaining an incombustible dust mixture necessary to prevent explosions.

The current method used to determine whether enough rock dust has been applied requires sending a collected sample to a laboratory and then waiting days or weeks until results are received. The National Institute for Occupational Safety and Health (NIOSH), part of the Centers for Disease Control and Prevention developed Coal Dust Explosibility Meter provides coal mines with a tool to immediately determine if more rock dust should be applied to maintain safe levels. The Coal Dust Explosibility Meter also considers dust particle sizes in its measurements. The finer the coal dust, the more exploisible it is. The Coal Dust Explosibility Meter is a major improvement over the current method in that the current laboratory method cannot distinguish dust particle size and thus does not measure explosion potential. The Coal Dust Explosibility Meter evaluates particle size and indicates if more rock dust is needed to inert the finer-sized coal dust particles. Due to the commercialization and help of NIOSH, to date, over 200 meters have been purchased by the coal mining industry.
TEAM MEMBERS

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Project Boundary

http://www.hhs.gov/idealab/pathways/...-in-residence/
http://www.hhs.gov/idealab/innovate/project-boundary/

Project Boundary is an exploration of indoor proximity sensing beacons that could potentially create a more aware and intelligent workplace. The project explores the use of proximity sensors to deliver well-timed and contextually relevant triggers delivered to the user in order to encourage the adoption of healthy behaviors within the workplace. It hopes to explore added dimensions to the field of corporate wellness and seeks to gamify the interactions of the user with their physical surroundings.

BACKGROUND

The concept of Project Boundary was conceptualized by the IDEA Lab’s Innovator in Residence – Naganand Murty and Nayan Jain – a White House Presidential Innovation Fellow, as an experiment in radically redefining workplace wellness.

Today’s corporate wellness platforms tend to center largely around health portals, and wellness services to enable the employees (users) to adopt and maintain activities that are beneficial to their health. However, many of these programs have not been able to effectively engage employees, and corporate wellness often does not tend to register high on an employee’s radar, when they think about their own health and wellness in the workplace.

*Our project is an exploration of the following design intent – how might we better engage users within the bounds of where they are, and what they do over the course of a regular day at work, and get them to do just a little bit more towards benefiting their health.*

In order to fulfill this intent, we intend to explore a novel approach to corporate wellness, using proximity sensing to gamify the workplace. We hope to demonstrate how an everyday physical space might be transformed to become something more relevant to addressing the wellness needs of users, by engaging them where they are, as they go about their daily work. We want to re-envision the workplace (in conjunction with the user’s mobile phone) as an intelligent ecosystem that enables the user to maintain and adopt healthy behaviors. We hope to do two things primarily:

*Help the user better understand how they navigate through specific physical indoor environments, by providing context-relevant triggers and timely feedback to them*
Gamify how the user might navigate the indoor environment by creating a system that might encourage competition, exploration, interpersonal interaction etc., all in the context of workplace wellness

If it helps to think about this project in the context of a behavior change framework, we hope to improve the quality and contextual relevance of triggers (messages delivered at the right time and the right place) to users, who might be already at a certain minimum threshold of ability (they are already up and moving), and motivation (they might be motivated to compete against themselves or against a social peer group)

SYSTEM DESCRIPTION

The system for Project Boundary consists of the following functional blocks:

HOW DOES THE SYSTEM WORK?

It might help to think of this system as a set of lighthouses (the beacons) that help ships (users + their phones) navigate the seas (the physical work environment) in meaningful ways.

THE BEACONS AS A ONE-WAY TRANSMITTER

The beacons are one-way transmitters (essentially simple Bluetooth LE radios) which are continually transmitting a unique ID and, optionally, a static string of data. They are small (the size of a matchbox) and are powered by coin cells, and can last upwards of one to two years before needing to be recharged.
THE PHONE AS A RECEIVER

The user’s phone is the receiver, and it is continually scanning for any beacon signal that it might pick up. Once the phone picks up a beacon signal, it ends up doing two things – it checks the beacon ID against an internal database containing a list of beacon IDs mapped against physical locations, which helps it to recognize the physical location the user has entered. The phone also ends up “ranging” its distance to the Bluetooth beacon by calculating the signal strength of the radio waves. This enables the phone to estimate (albeit very crudely) how close it is to a particular beacon. Ranging might also enable us to infer if the user is approaching the beacon or moving away from it.

POTENTIAL DEMOS

While the gamut of activities that can be considered under the umbrella of corporate wellness is vast, given the limited time frame, project boundary will focus on a narrow sliver of what could eventually be a larger addressable set of needs. For the purposes of this demo, we intend to create a user engagement platform that will help users amplify their existing movement and physical activity as they go about their daily life. A few illustrative examples are described below:

We could look to introduce new behaviors that could seamlessly integrate with the users existing activity such as taking the stairs instead of the elevator.

We could also look to amplify existing behaviors, suggesting they take a longer route to their office.

We could look to increase the frequency or a particular activity, getting users to break a sedentary streak by motivating them to get up and move more frequently. etc.

Consider a very simple demo use case described below:
NOTE: The beacons do not display any information, they only prompt the user’s phone to display a notification, or capture contextual information. Bob checks in to the Humphrey building promptly at 9:00 a.m. Every morning, he passes by the stairs and takes the escalator. What if we were able to remind Bob at the opportune moment that he might consider taking the stairs via a push notification on his phone? We might also be able to confirm if Bob does indeed end up taking the stairs and noting his “score” every time he chooses to take the stairs.

It will be argued that a simple notification might not be sufficient to cause most of us to act, and eventually we might need to worry about “notification fatigue”- but the beacon deployment allows us to consider different approaches toward tracking and motivating healthy behavior.

Once the basic beacon infrastructure is in place, we could try a host of “nudge” techniques – learning intelligently about what a particular user might respond to and tweaking the system to customize how it interacts with the user. Eventually, we hope to layer in some means to enable users to compete — against themselves, or against a peer group — since social influence and support has been shown to have a significant impact on enabling behavior change.

Project Sandbox

http://www.hhs.gov/idealab/pathways/...-in-residence/
http://www.hhs.gov/idealab/innovate/projectsandbox/

Project Sandbox is an experiment in building an engagement with models and instances of care delivery that have shown promise towards helping reduce costs while concurrently improving patient-centric outcomes to the healthcare system. The engagement is undertaken with the intent of catalyzing the healthcare delivery model towards improved sustainability and scalability. Our first project partner under Project Sandbox is the Medical House Call program, a home-based primary care model that is focused on providing care to the frail elderly.

AN OVERVIEW

There are several innovative ideas in care delivery that exist today that have demonstrated the potential of lowering costs within the U.S. healthcare system, while concurrently improving outcomes and patient engagement.

Project Sandbox, which is aligned with the West Health Institute’s mission to pioneer new and smarter technologies, policies and practices, to make high-quality healthcare more accessible at a lower cost to all Americans, is an endeavor to research and analyze the factors that will enable the growth of these innovative care delivery ideas. It seeks to pose and find solutions to the following questions:

- What headwinds might such models face with regards to sustainability and with regards to scalability?
- How might we channel the innovation effort towards addressing and overcoming these barriers?
- How might we catalyze a national movement towards the rapid adoption of these ideas?

The project hopes to engage and work with on the ground providers and pioneers in these instances of care delivery to achieve these goals.

OUR FIRST FOCUS AREA: HOME-BASED PRIMARY CARE OF THE FRAIL ELDERLY.
THE PROBLEM AND UNDERSERVED NEED

There are 3-4 million seniors now living with multiple chronic illnesses such as diabetes, lung and heart disease who are too ill or disabled to easily visit their physician when they need care. These seniors, representing approximately 10% of Medicare beneficiaries, account for two thirds of Medicare’s expenditures.

BARRIERS TO PRIMARY CARE

These seniors are typically unable to access a primary care physician’s office for needed care, and instead end up going to the ER, the most costly site of care. These patients place the largest burden on Medicare, and the number of people with multiple chronic illnesses is projected to grow to 6-8 million by 2025.[1]

Frail elders living in the community face numerous barriers such as mobility limitations, and often have difficulty obtaining primary care and social services. As a result, these elders are at risk of developing acute problems requiring hospitalization and/or institutionalization.

Complex problems of frail elders pose challenges to primary care physicians, as they typically can only spend an average of eight minutes per patient a day.[2] Even if frail elders do seek office care, primary care physicians lack the time needed to deal with multiple complex problems such as dementia, congestive heart failure, diabetes, functional impairment, and end-of-life care.[3]

THE HOUSE CALL MODEL – A POTENTIAL SOLUTION & KEY OUTCOMES

The quickest way to control health costs is by addressing these highest cost patients first. House calls are a solution to the rising costs of helping home-bound patients with multiple chronic conditions. House calls are clinical visits to a patients’ home made by a team of care providers including physicians, nurse practitioners and social workers.

Home-based primary care programs have the potential to significantly save costs for the healthcare system’s most expensive patients by bringing them care in their homes. They provide for care coordination across all care settings. Through this program, providers are also accountable for good care and reduced cost. Overall this could result in significant savings for patients, their families, and the healthcare system.

However, these models, as with all innovation, face several barriers that they need to overcome before they can scale to a point where the impact created is substantial. Through the Sandbox project, we hope to study the factors that might be inhibiting sustainability and scalability of these models, and research innovative solutions to address the same.


ADDITIONAL RESOURCES

http://innovation.cms.gov/initiatives/independence-at-home/
The Million Hearts Risk Check Challenge

The Million Hearts Risk Check Challenge invited developers to create a mobile app that will help consumers take a heart health risk assessment, find places to get their blood pressure and cholesterol checked and use the results to work with their health care professional to develop a plan to improve their heart health as part of the public-private Million Hearts initiative.

The Million Hearts Risk Check Challenge asked developers to create a new consumer app that informs consumers of their general heart risk, motivates them to obtain a more accurate risk assessment by entering their blood pressure and cholesterol values, and directs them to nearby community pharmacies (and other locations) offering affordable and convenient blood pressure and cholesterol screenings.

Participating developers had access to two sources of content that should markedly shape the development of the app:

1. A new Application Programming Interface (API) for conducting the quick health risk assessment over a consumer-facing interface, hosted by Archimedes and built using their Indigo product.
2. Locations (and specific descriptors) of places where individuals can go for a lipid and blood pressure screening, made available through flat files from Million HeartsTM and a new API hosted by Surescripts.

The Innovator-in-Residence worked with the Office of the National Coordinator, Surescripts and others to launch and manage the challenge. First place went to the Health Health Mobile app by Marshfield Clinic. More information, including additional finalists can be found here.

Recruiting Older Adults into Research (ROAR)

WATCH RELATED VIDEO

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Recruiting Older Adults into Research (ROAR):
Watch the 5 minute pitch.
Project Summary

The ROAR project seeks to raise awareness and engagement about research participation among older adults:

- Starting with Alzheimer’s research, as a common interest with an urgent need
- Working through the aging services and public health networks – trusted intermediaries who have high touch with older adults and caregivers and may be interested in sharing this information, but need materials
- Resulting in an expanded pool of older adults who are willing to participate in studies and trials, who will help to accelerate scientific discovery.

Insufficient participant recruitment for research can delay or cause research study cancellation, a substantial waste of resources. The need for Alzheimer’s clinical research study participants is urgent: tens of thousands of volunteers are needed for research studies focused on delaying, treating or preventing this growing public health problem.

Through ROAR, three HHS agencies: The Administration for Community Living (ACL), the National Institutes for Health (NIH), and the Centers for Disease Control and Prevention (CDC) and their networks of state and community-based health and social service providers collaborated with researchers and private organizations to raise awareness, enhance knowledge and connect gatekeepers and older adults with easy, actionable opportunities for research participation.

The cross-agency team established partnerships with existing government-funded resources and registries such as ResearchMatch, a free, national recruitment registry funded in part by NIH; the Alzheimer’s Prevention Registry; and the Alzheimer’s Association’s TrialMatch service. The goal of the ROAR project is to significantly increase older adult enrollment in these registries, allowing for more targeted invitations to enroll in current and future research studies.

The HHS Ignite project resulted in:

- a robust, flexible, scalable outreach plan which will guide the team’s work together in the months to come;
- a set of draft materials that have been initially reviewed by stakeholders and are ready for pilot testing;
- a partnership with ResearchMatch to promote an easy action step for our audience with a unique URL (www.ResearchMatch.org/ROAR) that will allow us to track and measure the success of our efforts, as well as promoting other Alzheimer’s specific registries; and
- momentum and interest on the part of external organizations to join the ROAR effort.

The materials created, partnership formed and lessons learned from this effort can be expanded to include research for other conditions that impact older adults. This project builds on the success of an HHS Innovates award: Connecting to Combat Alzheimer’s which was a Secretary’s Pick and won the People’s Choice Award.

Team Members

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Angela Deokar, Center for Disease Control and Prevention
The National Database for Autism Research

http://www.hhs.gov/idealab/pathways/hhs-innovates/
http://www.hhs.gov/idealab/innovate/...tism-research/

Accelerating the pace of scientific discovery requires bringing together data from multiple disciplines, broadening engagement and increasing transparency. To help accelerate the progress in autism spectrum disorders research the National Institutes of Health developed the National Database for Autism Research.

Prompted by the need to accelerate progress in autism spectrum disorders (ASD) research, the National Institutes of Health developed the National Database for Autism Research (NDAR).

NDAR is a data repository and portal to many other research repositories. Using NDAR, a researcher can query data from multiple repositories at the same time. This allows for re-aggregation, re-use, re-analysis, and rigorous comparison of results. Currently, NDAR shares detailed clinical, genomic, imaging and other rich data from 17,000 research subjects. Data from another 45,000 subjects is expected. Compared to only 8% of data which is typically shared by any other major research communities, NDAR is poised to meet the Interagency Autism Strategic Plan goal of making 90% of all autism research data available. Fostering transparency, the NDAR website provides summary information about funded research to scientists and the general public. Pooling data across labs transforms research from a traditional, single-lab, single-project approach to a collaborative approach with unprecedented potential for discoveries.

The technology and policy regimes developed for NADR may be useful beyond the biomedicine and public health fields. NDAR is a versatile platform that can replicated across many other areas of research. By re-using this technology, millions of dollars in acquisition or development costs could be saved. It is a model program supporting the needs of 21st century science.

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RELATED WEBSITE

National Database for Autism Research
Revolutionizing Procurement Through the Web

http://www.hhs.gov/idealab/pathways/hhs-innovates/
http://www.hhs.gov/idealab/innovate/...rough-the-web/

The government procurement process can at times be burdensome and littered with inefficiencies. To take this problem head on the National Institute of Neurological Disorders and Stroke developed the Purchasing Online Tracking System that streamlines the National Institutes of Health procurement process.

The Purchasing Online Tracking System (POTS), first released by the National Institute of Neurological Disorders and Stroke (NINDS) in 2005 and became the enterprise system in December of 2009, has streamlined the National Institutes of Health (NIH) procurement process.

By offering an intuitive interface and a dedicated support team, POTS did away with the existing time-consuming, error-prone, paper-based procurement process. Five years later, nearly everyone within the NIH uses POTS for their procurement needs.

A recent integration with the NIH financial system greatly improved the NIH procurement process by enabling the electronic transfer of procurement data from POTS to the financial system. This enhancement improved staff productivity by eliminating double data entry, reducing staffing and resourcing costs, providing procurement transparency, and saving an estimated over $1 million per year.

Perhaps the system’s greatest benefit, however, is that it reduces employees’ administrative burden, and help them focus more on improving human health through biomedical research and discovery.

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The National Health Service Corps Job Center

http://www.hhs.gov/idealab/pathways/hhs-innovates/
http://www.hhs.gov/idealab/innovate/...e-jobs-center/

Underserved communities need primary care providers – doctors, nurses, dentists, mental health providers. The National Health Service Corps Jobs Center connects clinicians to health care sites that need them most; increasing access to high quality health care for millions of Americans.
Recruiting primary care providers – doctors, nurses, dentists, and mental health providers – is a costly and time consuming effort, especially for health care sites in underserved areas. Recruiting one physician to a high need area can take up to two years and cost $60,000. Increasing access to high quality care is an a Department of Health and Human Services priority.

The National Health Service Corps NHSC Jobs Center is an online employment site connecting primary care health professionals to more than 14,000 employers in underserved communities throughout the U.S. and U.S. territories. Accessible from a personal computer or mobile device, the Jobs Center showcases job openings along with a wealth of information about the health care facility. Google Maps and Google Places technologies are integrated into the Jobs Center allowing users to see the site and nearby places of interest (restaurants, schools), painting a picture of the community.

Since the launch of the Jobs Center on April 30, 2012, the site had more than 126,000 visits and 3,000+ new job opportunities posted. Health care sites immediately experienced the benefits. Presbyterian Medical Services in New Mexico reported they “…consistently receive 12-15 inquiries from providers per week. Prior to that, we received little to no inquiries.”

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RELATED WEBSITE

National Health Service Corps NHSC Jobs Center

The NIH 3D Print Exchange

http://www.hhs.gov/idealab/pathways/hhs-ignite/
http://www.hhs.gov/idealab/innovate/...rint-exchange/

The NIH 3D Print Exchange is an online, community-driven portal where researchers and educators can download biomedical structure files that can be printed on a desktop 3D printer or through a 3D printing service provider. The site features novel online tools that allow users to convert their own digital 3D models into ready-to-print 3D file formats, eliminating the knowledge gap to allow users of all levels to create high-quality, scientifically accurate 3D prints. Users will also find tutorials on using 3D modeling software, and educational supplements to use 3D prints as hands-on teaching aids.

WATCH RELATED VIDEO

https://semanticommunity.info/Data_Science/Data_Science_for_the_HHS_IDEA_LAB
Updated: Tue, 04 Jun 2019 00:23:53 GMT
The NIH 3D Print Exchange: Watch the 5 minute pitch.

Project Summary

The NIH 3D Print Exchange is the first government-sponsored website of digital 3D models suitable for 3D printing. The site enables researchers and educators by providing a trusted venue to easily create and discover community-contributed bioscientific and biomedical 3D models that are readily compatible with 3D printers. Users will also find video tutorials to learn how to create their own custom 3D prints. Educators and students from primary school to university level will find classroom supplements to use 3D prints as hand-on teaching aids.

New ways of visualizing scientific data can drive discovery, and at NIH, researchers are saving time and money using innovative 3D prints in the laboratory. But 3D printing technology has only recently become mainstream; digital 3D models are not necessarily “ready-to-print,” and there is a paucity of scientifically relevant and accurate prints available online. Converting a digital model into a 3D-printable format requires specialized software and a complicated workflow that can take over an hour, even for a skilled user. The NIH 3D Print Exchange provides novel, freely available, web-based tools that allow users to generate high-quality, scientific 3D printable models in only minutes, simply by uploading a file or typing in a database accession code.

A project advisory team was assembled of experts and educators who are all at the forefront of 3D modeling and printing for biomedical research, treatment, and education. They provided valuable feedback in monthly group meetings and one-on-one interviews, and tested the site during the closed beta release in January 2014.

The NIH 3D Print Exchange is now under construction in preparation for a public release in April 2014. The NIH Library will feature the 3D Print Exchange in their “Technology Sandbox” that makes 3D printers available to NIH researchers, and a number of other government agencies are interested in reusing our open-source tools and framework. The next steps for our project are to make the website robust and secure, and to continue to cultivate the local, national, and international community of researchers and science enthusiasts eager to use these specialized tools and 3D models.

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The NLM Pillbox: More Efficient Data Cleanup and Outputs

http://www.hhs.gov/idealab/pathways/hhs-ignite/
http://www.hhs.gov/idealab/innovate/pillbox/

The Pillbox team at the National Library of Medicine at NIH and a group of data processing experts created a next-generation system that reduced a labor-intensive multi-week process into an automated process that takes about 1 hour to run. Additionally, the software code that powers this new system is being open-sourced, so developers can more deeply integrate and utilize these pharmaceutical data and images. This effort provides the foundation for a program to address errors in this data that includes government, industry, and developers.

WATCH RELATED VIDEO

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Pillbox: Watch the 5 minute pitch.

Project Summary

HHS drug labeling information is critical to addressing health challenges such as reduction of medication errors, improving adherence, EHR/PHR development, and supporting emergency personnel. Extending the reach of this data via innovative products and services created by health IT developers is critical in solving these challenges. Pillbox at the National Library of Medicine, National Institutes of Health provides the first free and easy-to-use access to this valuable data set. In addition, Pillbox has led the creation a public-domain image library of over 7,000 high-quality pill images.

Previously, the complex process that creates the Pillbox data set took weeks to perform. For HHS Ignite, the Pillbox team and a group of data processing experts created a next-generation system that reduced the time-required to around 1 hour. Additionally, the software code that powers this new system is being open-sourced, so developers can more deeply integrate and utilize these pharmaceutical data and images. Developers can also use this code to access other high value data elements in the drug labels that are not part of Pillbox.

HHS drug labeling data contains numerous errors and inconsistencies, many related to a pill’s physical appearance. By providing access and encouraging non-subject matter experts to build innovative and beneficial clinical and consumer applications and services, Pillbox is obligated to actively address these quality issues. The open source code created through HHS Ignite will be used as the foundation to create an error tracking, notification, and data scoring system, directly engaging with the Food and Drug Administration and pharmaceutical companies, and developers.
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Additional Information

Pillbox Home Page

The Weight of the Nation Campaign

http://www.hhs.gov/idealab/pathways/hhs-innovates/
http://www.hhs.gov/idealab/innovate/...on-campaign-2/

Obesity is one of the nation’s greatest public health problems, affecting about a third of U.S. adults and nearly 17 percent of children and teens. A unique public-private collaboration led to the creation of a far-reaching multimedia initiative to mobilize personal and community action to curb and prevent obesity.

Obesity is one of the nation’s greatest public health problems, affecting about a third of U.S. adults and nearly 17 percent of children and teens. Overweight and obesity increase risk of developing type 2 diabetes, heart disease, and some cancers. A collaboration among Home Box Office (HBO), the Institute of Medicine, National Institutes of Health (NIH), Centers for Disease Control and Prevention (CDC), Michael & Susan Dell Foundation, and Kaiser Permanente, this multi-media innovation reached diverse audiences with scientifically accurate information where they live, work, and play—advancing the Department of Health and Human Services’ mission to protect the health of all Americans. The films feature the causes and health consequences of obesity and show proven behavioral and environmental changes that can help curb the obesity epidemic. More than 9 million Americans viewed the films on TV, at events, and online, and hundreds of thousands engaged in dialogue via social media. More than 40,000 community-action kits were created for free distribution.

"The Weight of the Nation" is a powerful illustration of how federal agencies can work with each other and with private funders to use innovative approaches to address obesity in the United States. This public-private collaboration spurs action, provides strategic direction, and builds a strong foundation of community outreach to guide efforts to prevent and reduce obesity.

TEAM MEMBERS

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https://semanticommunity.info/Data_Science/Data_Science_for_the_HHS_IDEA_LAB
Updated: Tue, 04 Jun 2019 00:23:53 GMT
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Our Pathways

At the IDEA Lab, we are about action, in fact, that’s what the “A” in IDEA stands for. We want people to not only understand the innovative and experimentation process, but to actually act on their ideas and experiment. On this page you will find a list of the six pathways we offer people looking to get involved with the HHS IDEA Lab and IDEA Lab sponsored projects.

SIX PATHWAYS FOR INNOVATION

The HHS IDEA Lab currently offers six pathways for innovation. Each pathway provides different tools and resources for experimentation and problem solving. Some of them run along a defined timeline. Others are ongoing efforts that you can inquire about. We are constantly iterating on these to refine how we meet the needs of the Department and the employees of HHS and beyond.

HHS Innovates

Celebrating HHS Trailblazers. Launched in 2010, HHS Innovates, developed as part of HHS’s Open Government efforts, identifies and celebrates internal innovation by our employees.

HHS Innovates is aimed at building a culture of innovation at the Department through facilitating the exchange of innovative ideas. This contest recognizes and rewards good ideas but also to help promote them across the
Department. To date, HHS employees have submitted nominations of innovations for nearly 500 exciting new staff-driven innovations, and our employees have cast over 60,000 votes during the community-voting phase.

Timeline: HHS Community Voting is currently open. HHS Employees can vote for their favorite submission here. Public voting will open in late May.

HHS Entrepreneurs

Pairing Internal Ideas with External Expertise. Established in 2012, HHS Entrepreneurs was the model for the Presidential Innovation Fellows Program. HHS has worked to attract entrepreneurial talent to create a culture that supports intelligent risk-taking and accelerates innovation. This pathway partners federal staff working on high-risk, high-reward projects with external entrepreneurs for a 12-month fellowship.

The first cohort’s group of six entrepreneurs addressed problems from areas across health care and government ranging from the nation’s organ transplant system to the development of electronic clinical quality measures. These projects resulted in increased efficiencies, cost and time savings, and innovative solutions to pressing problems. Now in its second cohort, this pathway has brought on board a total of 10 entrepreneurs on 9 projects, across six different Operating and Staff Divisions.

Timeline: Applications are now closed and projects are being selected. We will be recruiting external entrepreneurs starting May 5, 2014.

HHS Innovator-In-Residence

Solving Shared Problems Through Partnerships. First established in 2012, the Innovator-in-Residence Program brings new ideas and expertise into HHS programs through collaboration between the Department of Health and Human Services and private sector not-for-profit organizations.

The HHS Innovator-in-Residence is a partnership in which private, not-for-profit organizations sponsor a position to be filled by an individual with an entrepreneurial and innovative background to work on a problem of common interest to HHS and the partner organization. The first HHS Innovator-in- Residence, sponsored by the West Health Institute, helped develop and release the first set of standards for Blue Button data sharing. There are currently two HHS Innovator-in-Residence partnerships, one with the West Health Institute, focusing on patient engagement, and one with the Healthcare Information and Management Systems Society, focusing on patient data matching.

HHS Ignite

Incubating New Ideas. HHS Ignite catalyzes early-stage project ideas that can be completed within very compressed time frames. Teams selected into HHS Ignite are guaranteed an appropriate amount of their time to complete the project. By exposing teams to a network of innovators and equipping them with the methodologies and tools used by successful startup companies, HHS Ignite provides a space in which small teams can try something new in a startup environment.

Timeline: Thanks for your submissions, entries are now being reviewed.
HHS Ventures

**Accelerating Proven Concepts.** HHS Ventures gives Department employees the opportunity to take their ideas to the next level of implementation. Selected from a pool of previously proven concepts, HHS Ventures gives teams a “Phase II” opportunity to continue development of their data-proven projects for up to 9 months with a budget up to $50,000. Eligibility to apply for HHS Ventures support is limited.

**Timeline:** Thanks for your submissions, entries are now being reviewed.

HHS Competes

**New Approaches to Problem Solving.** HHS Competes is a fresh approach to solving problems, including implementing new methodologies and mechanisms for spurring innovation, helping agencies to advance their core missions, and providing new acquisition methods. Driven by the America COMPETES Act signed by President Obama in 2011, HHS Competes seeks to make the challenges faced by government and industry transparent by enabling participation from innovators both within and outside of government.

To date, every operating and staff division of HHS has participated in a challenge or competition, resulting in over 100 challenges, 2 million dollars in prizes and the formulation of many novel solutions to address complex problems.

IDEA Lab Sponsored Projects

Each of the above Pathways provides an environment for experimentation resulting in more than 100 projects that tackle some of the most complex problems in health, health care, human services, and government. In addition to the projects supported through these six Pathways, there are ongoing projects that have been identified and sponsored by the HHS IDEA Lab. These projects include:

**HHS Connects**

**Working Towards the Frictionless Exchange of Ideas.** HHS Connects links people internal and external to the Department with resources and ideas to increase the likelihood of serendipitous collisions, resource sharing and collaboration on multiple levels. HHS Connects has a number of platforms to support increased communication and collaboration and none have been more successful than the implementation and adoption of our internal, cross-Department collaboration platform in 2012. To date, there are over 17,000 HHS employees connecting and collaborating virtually across every Operating and Staff Division. In addition to the cross-Department collaboration platform, the Department revised its social media policy to give HHS agencies easier access to tools that will increase public engagement resulting in a more transparent government.

**HHS Health Data Initiative**

**Liberating Data for Health Care Transformation.** The Health Data Initiative (HDI) is the movement established in 2010 within HHS operating and staff divisions to make health data openly available, disseminate the data broadly across the health and human services ecosystem, and continuously educate internal and external participants about the value of data. The mission of the initiative is to improve health, health care, and the delivery of human services by harnessing the power of data and fostering a culture of innovative uses of data in public and private sector institutions, communities, research groups and policy making arenas.

https://semanticommunity.info/Data_Science/Data_Science_for_the_HHS_IDEA_LAB

Updated: Tue, 04 Jun 2019 00:23:53 GMT
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Over the past three years, the default setting for data at HHS has changed from closed to open. This has resulted in the launch of an all new HealthData.gov in 2012, the liberation of over 1,000 data sets to date, and more entrepreneurs solving health care problems than ever before. In October, the Health Data Initiative released the first-ever open data strategy and execution plan, which details five data-driven goals for the initiative.

The Blog

WHY THE GOVERNMENT SHOULD HIRE MORE PRODUCT PEOPLE
By Jared Goralnick On May 15, 2014

For the past five months I’ve been working with the U.S. Department of Health and Human Services (HHS) as an External Entrepreneur on the Building a Design-Minded and More Collaborative Office of Family Assistance Project at the Administration for Children and Families. My work is part of an HHS “innovation fellowship” that brings traditionally private sector people who have entrepreneurial experience into HHS for 13 months. It’s already been a rewarding experience for me: I’ve [...] Read Full Article →

APPLY NOW! HHS ENTREPRENEURS IS BACK AND LOOKING FOR TALENT!
By Bryan Sivak On May 9, 2014
Apply Now! HHS Entrepreneurs is back and looking for talent!

HHS Entrepreneurs is back! We are recruiting the best talent in America for the next cohort of HHS Entrepreneurs with six new projects. HHS Entrepreneurs pairs some of our toughest program challenges with highly skilled, energetic, experts who are committed to public service to work on a project over a 12-month span. Through two prior rounds of HHS Entrepreneurs, we have seen some amazing all-star caliber talent come onboard and scrub in with teams of [...] Read Full Article →

INNOVATING TO TRANSFORM HEALTHCARE
By Nag Murty On April 24, 2014

https://semanticommunity.info/Data_Science/Data_Science_for_the_HHS_IDEALAB
Updated: Tue, 04 Jun 2019 00:23:53 GMT
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Innovating to Transform Healthcare

One of the great ways in which the Gary and Mary West Health Institute (WHI) is innovating to transform healthcare is through a unique program at the U.S. Department of Health and Human Services (HHS). First established in 2012, the Innovator-in-Residence (IIR) position was developed so that non-governmental agencies could collaborate with HHS to help tackle some of the biggest challenges in government and healthcare. As a medical device entrepreneur and alumnus of the Stanford [...] Read Full Article →

CALLING ALL CODERS! CODE-A-PALOOZA SUBMISSIONS NOW OPEN

By Dwayne Spradlin On April 10, 2014

The Health Datapalooza 2014 Code-a-Palooza challenge is open for submissions! The Health Datapalooza code-a-thon, known as Code-a-Palooza, was a great success last year with 10 teams sweating through 45 hours of coding to develop the best tool to improve quality of care, and compete for $25,000 in prizes. This year we have upped the ante, with $35,000 in total prizes at stake, and by making this year’s Code-a-Palooza a challenge, giving participants the month [...] Read Full Article →

PERSONALLY-GENERATED HEALTH DATA – THE NEXT FRONTIER

By Bryan Sivak On April 7, 2014

Personally-Generated Health Data - The Next Frontier
Today, I was in San Diego at the Quantified Self Public Health Symposium where I worked with Larry Smarr, Director of Calit2 and Gary Wolf, Director of Quantified Self Labs, and Stephen Downs from Robert Wood Johnson Foundation, to convene a group of researchers, device and app makers, funders and others to discuss the potential and use of personal health data. Aside from my role at HHS, in my private life, I have a real […]

HHS IDEA LAB @ SXSW
By Steven Randazzo On March 7, 2014

Are you in Austin, Texas for South by Southwest Interactive? The IDEA Lab is there also! Make sure to catch the three sessions with our IDEA Lab Staff: Patients First: Why Open Data Can Save Healthcare SATURDAY, March 8th 11:00 AM – 12:00 PM Hilton Austin Downtown Salon F HHS IDEA Lab Rep: Greg Downing, Executive Director for Innovation @ HHS The US and UK governments have put open data at the heart of […]

HHS IGNITE: NOW ACCEPTING YOUR FUNDING PROPOSALS!
By Bryan Sivak On March 6, 2014

HHS Ignite: Now Accepting Your Funding Proposals!

We are now accepting applications for this round of HHS Ignite – The Secretary’s StartUp Innovation program. Have an idea worth pursuing? See a problem worth addressing? Need a little bump of support and some air-cover to try something new? HHS Ignite may be a good fit for you. Apply now! Ignite is an internal incubator for new ideas here at the Department. Selected teams are equipped and empowered over a three month period […]

COME JOIN THE HHS IDEA LAB TEAM! APPLY TO BE THE NEXT HEALTH DATA INNOVATOR
By Steven Randazzo On March 1, 2014

HHS IDEA Lab Staff
The Department of Health and Human Services is seeking a Health Data Innovator and Entrepreneur to join the team. We are looking for someone who can advance the goals of the Open Data and Health Data Initiatives to the entrepreneur, startup and development communities and deliver measurable results in terms of community engagement and new applications and use cases for health data to improve health and health care. The position is located in the Office [...] Read Full Article →

**HHS IGNITE INNOVATION DAY: JOIN US THIS FRIDAY!**

By [Read Holman](#) On February 3, 2014

HHS Auditorium Stage
Pic 3

Launched last year in “beta” by Secretary Sebelius, HHS Ignite supports early-stage projects that can be completed in tight time frames. From a pool of 65 proposals, 13 teams were selected, and over the last six months, these HHS Ignite (Beta) teams have been solidifying their problem and testing their idea in a way to gather actionable data. Through pivots, procurement, and a government shutdown, the teams have emerged to present the results of their [...] Read Full Article →

**DATA FUELING BUSINESS DEVELOPMENT AND HEALTH CARE TRANSFORMATION**

By [Bryan Sivak](#) On September 27, 2013

Data Fueling Business
Development and Health Care Transformation

Earlier this week I was honored to attend a kickoff event for an amazing new technology and data analytics enterprise known as ChenTech. ChenTech, a venture spun off by [ChenMed](#), a Miami-based health care company, has expanded to establish a new software development center in New Orleans, Louisiana. I would like to congratulate Dr. Christopher Chen and the ChenMed team who continue to be on the leading edge of health care innovation in the U.S. ChenMed’s pioneering work [...] Read Full Article →
PRA: THE GOVERNMENT’S MILLION DOLLAR SURVEY?
By Mindy Hangsleben On September 24, 2013

Yes, I am talking about the Paperwork Reduction Act (PRA) of 1995. I would like to share with you my personal reflection and observations around the PRA. For those of you unfamiliar with the PRA, in summary it is a law that was created to reduce the paperwork burden to the public while maximizing the benefit of the information being collected to inform/utilize government programs. Therefore any form, survey, and basically anything that asks [...] Read Full Article →

PRACTICE WHAT WE PREACH
By Kevin Larsen On September 24, 2013

The federal government doesn’t sing the praises of its employees enough. I came to federal government a little over a year ago. I am continually impressed with how mission oriented and hard working federal employees are. They are passionate about their work and see their jobs as service to the people of our country. However, the systems of government often do not let them do their best work. Like most large organizations, government has evolved [...] Read Full Article →

DATA.CDC.GOV: ENERGIZING DATA TO BETTER TELL THE STORY
By Fred Smith On September 17, 2013

Data.CDC.gov: Energizing Data to Better Tell the Story

Prevalence of tobacco use, flu vaccination coverage, leading causes of death, access to health care and even web site traffic – data on these and other topics has recently been released in “energized form” with the Centers for Disease Control and Prevention’s launch of Data.CDC.gov. Data.CDC.gov is the new data repository that hosts some of the CDC’s most popular data sets. In addition to increased access to data, Data.CDC.gov is powered by the Socrata platform [...] Read Full Article →

NOW SOLICITING FEEDBACK ON THE STRATEGIC VISION FOR INNOVATION AT THE DEPARTMENT OF HEALTH AND HUMAN SERVICES
By Bryan Sivak On July 17, 2013

https://semanticommunity.info/Data_Science/Data_Science_for_the_HHS_IDEA_LAB
Updated: Tue, 04 Jun 2019 00:23:53 GMT
Powered by mindtouch™
Now Soliciting Feedback on the Strategic Vision for Innovation at the Department of Health and Human Services

I am excited to announce the first draft of the HHS Strategic Vision for Innovation is now available for comment! Four years ago, through the efforts of the Open Government Initiative, the Department started to make significant strides in changing the culture of government by embracing transparency, collaboration and participation concepts. As we have continued to build on those foundational concepts, we have encouraged dialogue and risk-taking behavior and rewarded employees who are passionate for [...] Read Full Article →

HHSIGNITES (BETA): THE SELECTED TEAMS & THE BANK OF IDEAS
By Bryan Sivak On June 27, 2013

The scores are in. Secretary Sebelius has reviewed the 13 finalists, and I am happy to announce that the “beta” class of HHSignites has been selected. Congrats to the 13 teams! These teams represent 78 individuals across 9 different Operating Divisions. Their proposals range from sustainability and workforce development efforts, to process efficiencies and the testing of new technologies. You may have noticed that we said that “13” were selected. The original plan was to support [...] Read Full Article →

NOW OPEN! APPLY TO WORK ON HIGH IMPACT PROJECTS IN 2ND ANNUAL TALENT SEARCH FOR THE HHSENTERPRENEURS PROGRAM
By Bryan Sivak On June 27, 2013

Identifying and leveraging underutilized Departmental assets to encourage the transformation of public health, healthcare, and the delivery of human services, and, by doing so, building the foundation for the next generation of government and improving health care for all Americans – this is what my team and I working to do. The HHSentrepreneurs Program is a key component of this strategy. Launched last year, HHSentrepreneursconnects outside experts and entrepreneurs from outside federal government with internal innovators [...] Read Full Article →

HEALTH DATAPALOOZA IV TOPS OFF A HUGE YEAR IN HEALTH DATA LIBERATION & INNOVATION
By Bryan Sivak and Todd Park On June 6, 2013
Health Datapalooza IV has officially wrapped and with over 1900 attendees and 80 companies, this was the biggest palooza yet. Kicked off by Secretary Sebelius for the second year in a row, this year’s event was a tremendous display of health data in action. Looking back now, it is amazing to think that four years ago this all started with 45 people in a small room at the Institute of Medicine. Over the course of […]

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**MR. POTATOHEAD MEETS THE SECRETARY!!!**

By Mindy Hangsleben On April 11, 2013

Last week the other entrepreneurs and I had the opportunity to brief Secretary Sebelius on our progress. I normally don’t get ultra nervous before speaking, after years of teaching, but this time it was a little different. I am guessing that most of you have had some sort of performance anxiety when it comes to public speaking. Mine usually manifests into a red face and a shaky voice, good thing I put on extra deodorant. We had 5 min to […]

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**HHSignites (beta): The What’s and Why’s of Your Proposal**

By Bryan Sivak On April 11, 2013

Thinking about submitting a proposal? Not sure what your project would look like? Here are some things that HHSignites (beta) can help you do: Build something Build a small-scale model of that something Change a status quo process Run a pilot of that process change Change a methodology to problem solving or product development Test that methodology and compare the results to baseline Help bring staff and resources from other offices together to address […]

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**HHSignites (beta): An Innovation Seed-Funding Opportunity**

By Bryan Sivak On March 21, 2013

At the end of the HHSinnovates Awards Ceremony yesterday, a new initiative was launched: HHSignites (beta) is an internal competitive seed-funding opportunity to test new and unconventional ideas at HHS. This initiative is intended to compliment HHSinnovates - which recognizes the achievement of innovative projects – by providing incentives and support to test ideas that haven’t yet been implemented anywhere in the Department. HHSignites is about testing of new concepts to gain evidence for solutions to mission-related challenges. Been wanting […]
INNOVATION AND EXPERIMENTATION GOING VIRAL AT HHS

By Bryan Sivak On March 19, 2013

And just like that, another fantastic round of HHSinnovates has wrapped up. It was only six months ago that we were celebrating the six finalists from round five. In the months since the last round of HHSinnovates, we have seen some amazing progress in the adoption of innovation and experimentation at the Department. At the last HHSinnovates awards, Secretary Sebelius announced the launch of HHSconnects, an internal collaboration tool that allows employees to connect with one another [...]

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HHSINNOVATES PEOPLE’S CHOICE AWARD, VOTE FOR YOUR FAVORITE

By Bryan Sivak On February 28, 2013

18,000 – that is the number of individuals who voted the last time we asked the public to vote on which innovation would receive the People’s Choice Award. We are, once again, proud to announce that public voting for the HHSinnovates People’s Choice award is now open. In its sixth round, the HHSinnovates program is showing us that HHS employees have come up with a variety of new and interesting solutions to solve some of the most [...]

Read Full Article →

COMMUNITY RESILIENCY

By Frank Sanborn On February 27, 2013

Wow.. How time flies by.. My name is Frank Sanborn, I am the External Entrepreneur (InnovationFellow) working on Community Resiliency and Smart Medical Devices. My Fellowship has been bit like drinking from several fire hoses at once as I have been learning the culture and workings of both ASPR (Assistant Secretary of Preparedness and Response) and FEMA (Federal Emergency Management Agency). I was the first Fellow to come on board here at HHS, starting Oct. 9th. And it has been a [...]

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INNOVATION: LIVING SOCIAL PROCESS

By Chris Lunt On February 11, 2013

“How many of you are ENTPs?” asked Will. A few hands went up around the room. When my wife and I were engaged to be married, we’d seen a premarital counselor on the advice of a friend, and he’d given us the Meyers-Briggs test. Suspicious of oversimplifications, I’ve always looked on personality tests with a jaundiced eye, but I vaguely recalled that I was an ENT-something. I left my hand down. “ENTPs are natural innovators,” [...]
THE LEAN VIRUS HAS HIT THE FEDERAL GOVERNMENT…. KAIZEN!

By Mindy Hangsleben On February 4, 2013

We just finished an amazing, exciting, empowering Kaizen (continuous improvement) Event focusing on leaning out the electronic clinical quality measurement development cycle. Stakeholders gathered from all parts of the process to “map it like it’s hot” for a full 5 days…and believe me they mapped it like it was hot. The event included folks all the way from federal employees to EHR Vendors. With over 100 attendees, most of which had never participated in an event [...]

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INNOVATION 101

By Zac Jiwa On January 29, 2013

in·no·va·tion noun ˌi-nə-ˈvə-shən 1: the introduction of something new 2: a new idea, method, or device : novelty

Over the last several weeks, I have found myself challenged to be INNOVATIVE as an Innovation Fellow. Sure, the job is challenging and figuring out the complex equation that is a MAGI eligibility determination shared service for state Medicaid agencies is not trivial, but that is not what I mean. In this case I struggle with what it means [...] Read Full Article →

YOU DON’T TRACK WHAT?

By David Cartier On January 2, 2013

OK, as of last Friday, my feet are somewhat back on the ground…As you might have guessed, I wasn’t in the blogosphere as this is my first post! I have been quite busy doing instant emersion in the world of transplantation and the problem and requirements are starting to come together. First of all, I would never have thought I would be working for the government…ever! Slow, stodgy…the antithesis of innovation. That was my perception [...] Read Full Article →

MAP IT LIKE IT’S HOT!!

By Mindy Hangsleben On December 28, 2012

As I head back to MN to celebrate Christmas with my family I have more than just the holidays to celebrate! This week we experimented with bringing together CMS and ONC to do some pre-Kaizen Event activities. For those of you who are unfamiliar with lean, a Kaizen Event is where you basically overhaul a process by getting everyone together in a room and map it like it’s hot. This visually represents the process and allows an objective [...] Read Full Article →

WELCOME TO THE FEDERAL GOVERNMENT!

By Mindy Hangsleben On December 17, 2012

Where to begin, as I am very behind on my blogging…I promise to be more diligent in the future!!! Also I would like to fully disclose that I went to engineering school because English and creative writing was not my forte. If there is a place for public comment I am guessing my brother-in-law will help correct my grammar errors. J A little background on myself, I am originally from the Minnesota/North Dakota border just an hour south [...] Read Full Article →
WHAT A PICTURE IS WORTH

By Chris Lunt On December 12, 2012

Standing outside the Secretary of Health and Human Services’ office, people clustered nervously in small groups, waiting to be ushered in for the photo shoot. Unlike the rest of the Hubert Humphry building, the anteroom is carpeted and wood-paneled, and I was self-conscious of my lack of a necktie. I don’t even own a tie. The organizer called my group. A set of awkward dances followed as we made our way past the exiting group, […]

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JUMPING IN FEET LAST

By Zac Jiwa On December 10, 2012

Do you remember that movie Groundhog Day with Bill Murray? Well, I feel like I’m in it. But more about that in a minute. With this being my first blog post for the HHS Innovation Fellows Program, I feel the necessity to provide some background on me so that you can judge me appropriately. I’ll try to make it brief, but hopefully it will provide some context to my perspective on what I write today […]

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ROUND FIVE OF HHSINNOVATES CONCLUDES & LESSONS LEARNED

By Bryan Sivak On October 9, 2012

On Monday September 24, 2012 Secretary Sebelius announced the winners of the fifth round of the HHSinnovates Program and the winner of the first ever “People’s Choice Award”. For this competition, we saw projects initiated by numerous offices and agencies across the Department. For the first time ever, the HHSinnovates Program featured a “People’s Choice Award”, in which all six finalists were showcased for public voting. The results were astronomical; nearly 18,000 votes were cast and more […]

Read Full Article →

INNOVATION FELLOWS TECHNICAL ADVISORS: IMPORTANT COMPONENTS TO THE HHS INNOVATION FELLOWS PROGRAM

By Bryan Sivak On September 7, 2012

Last month the Department of Health and Human Services received nearly 100 applications for its new Innovation Fellows Program. While the Innovations Team and project leads review those applications and select candidates, there is another exciting and important component of the HHS Innovation Fellows Program that we would like to share with you: the Innovation Fellows Technical Advisors. The Innovation Fellows Technical Advisors consist of eleven individuals from varying backgrounds and experiences who will be […]

Read Full Article →

FIRST-TIME PUBLIC VOTING FOR TOP HEALTH INNOVATIONS AT HHS. VOTE NOW!

By Bryan Sivak On September 7, 2012
Typically when you think of government, the word “innovation” isn’t the first word that comes to mind. Well it’s time to change that! The U.S Department of Health and Human Services (HHS) is proud to announce that for the first time ever, the public will have the opportunity to vote on the finalists of the HHSinnovates Program. That means, your vote will help determine which project will be selected as the winner of the “People’s Choice”. [...] 
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**NEW DIGITAL GOVERNMENT STRATEGY MAKES INFORMATION MORE USEFUL AND DYNAMIC**

By **Bryan Sivak** On September 6, 2012

New Digital Government Strategy Makes Information More Useful and Dynamic

On May 25, 2012 the U.S. Chief Information Officer, Steve VanRoekel issued the next building block of facilitating federal IT, the Digital Government Strategy for the US Government. It sets a bold vision for the use of IT – both to provide citizen centered services and to enable the federal workforce with modern technology. The Digital Government Strategy is building on an already extensive foundation that aims to deliver better technology, data and insights for less [...] 
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**NEW INNOVATION OPPORTUNITY ANNOUNCED! – HHS INNOVATION FELLOWS PROGRAM**

By **Bryan Sivak** On September 6, 2012

Are you interested in solving the nation’s most critical health care problems? The Health and Human Services Department (HHS) is looking for external experts and entrepreneurs to work on innovative projects through the HHS Innovation Fellows Program . The Innovation Fellows Program aims to bring external ideas and expertise to HHS’s own innovation process and rapidly create, develop, engage and accelerate innovation. The Innovations Fellows Program marries innovative opportunities and federal staff to innovative external experts. The benefits [...] 
Read Full Article →

**ENTREPRENEURS AND INNOVATORS ROCK 3RD ANNUAL HEALTH DATAPALOOZA**

By **Todd Park** On June 19, 2012

Imagine a scenario where a patient, from her mobile phone, can find the best possible health care provider and securely book an appointment; where she and her doctor have the latest treatment information at their fingertips; and where this information helps improve or even save her life. This scenario, and many others like it, is now being brought to life by entrepreneurs and innovators leveraging the power of data to improve health and health care. [...] 
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THE GROWING ROLE FOR MOBILE PHONES IN PUBLIC HEALTH

By Audie Atienza On May 22, 2012

According to the Pew Internet & American Life Project, nearly 90% of U.S. adults own a mobile phone and more than half of these users own a smartphone. African-Americans and Hispanic-Americans are more likely to own mobile phones, have searched for health information using their mobile phone, and downloaded health-related apps compared with Whites. Of smartphone owners in general, 15% have reported using their device to search for health information. The increased use of personal [...] Read Full Article →

HEALTH TECHTALK

By George Thomas On April 16, 2012

Finding the data resources to solve problems in health and health care is a typical first step innovators take to creating tools, apps, and services. The U.S. Department of Health and Human Services has a vast array of data resources that many developers are now using to create them. However, it is often difficult and time consuming to match data resources with the potential users. To breakthrough this barrier, in January 2011, a web community [...] Read Full Article →

WE'RE LAUNCHING HHS' NEW OPEN GOVERNMENT PLAN, VERSION 2.0

By wpengine On April 16, 2012

Today marks the two year anniversary of when HHS launched its first ever Open Government plan, which guided our efforts to make government more transparent, participatory, and collaborative. Over the last several months, the Department of Health and Human Services advanced new ideas and initiatives that will take HHS’s Open Government commitment to the President’s objectives to a new level. The result is our new Version 2.0 of the HHS Open Government plan. There are [...] Read Full Article →

PROTECTING PRIVACY AND BUILDING TRUST AS MOBILE AND ONLINE HEALTH EVOLVE

By wpengine On March 23, 2012

The healthcare system is going digital at a fast clip. In the last two years, the number of hospitals using electronic health records has more than doubled to 35%—and the majority of remaining hospitals say they have near-term plans to do so. While patient or consumer use of digital tools for health, such as patient portals and personal health records (PHRs) generally lags behind, it is catching up, especially when you also consider the use [...] Read Full Article →

TWO NEW WAYS FOR YOU TO PARTICIPATE IN HHS OPEN GOVERNMENT

By wpengine On March 8, 2012

There are two great ways you can connect with us to help in our efforts to make the Department of Health and Human Services more transparent, participatory, and collaborative. First, we are preparing our draft version of the next HHS Open Government plan and now have a new way to gain your input: a new online questionnaire where you can present
OBAMA ADMINISTRATION AND TEXT4BABY JOIN FORCES TO CONNECT PREGNANT WOMEN AND CHILDREN TO HEALTH COVERAGE AND INFORMATION

By wpengine On March 5, 2012

The Centers for Medicaid & Medicaid Services (CMS) announced today that it will partner with Text4Baby, a free national health texting service, to promote enrollment in both Medicaid and the Children’s Health Insurance Program (CHIP) and provide pregnant women and new mothers free text messages on important health care issues. The announcement is part of activities marking the anniversaries of both the signing of the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) and [...] Read Full Article →

MHEALTH INNOVATION AND DEVELOPERS CHALLENGES

By Audie Atienza On February 17, 2012

Mobile phones and devices are becoming increasingly integral to everything we do – banking, shopping, navigating, and learning have all gone mobile. With the rise of mobile tech, there is awesome opportunity to focus the attention of developers on health needs that can be addressed with mobile! Last July, HHS CTO Todd Park announced the availability of the HHS Challenge Toolkit website and highlighted the department’s use of Developer Challenges as a tool to engage [...] Read Full Article →

CELEBRATING INNOVATIVE HEALTH PROMOTION APPS – WINNERS OF THE SG CHALLENGE

By Audie Atienza On February 17, 2012

In her piece called “The Surgeon General’s Vision for a Healthy and Fit Nation”, U.S. Surgeon General Dr. Regina Benjamin said, “I envision men, women, and children who are mentally and physically fit to live their lives to the fullest. We must help our communities make the important and life-saving connection between being healthy, fit and living well.” To encourage innovators to create cool and fun mobile apps that empower individuals to make healthy choices, [...] Read Full Article →

HELP US DEVELOP OUR NEW OPEN GOV PLAN

By Todd Park On January 17, 2012

In January 2009, President Obama issued the Open Government Directive, calling for government agencies to take action to become more transparent, participatory, and collaborative. We issued “Version 1” of HHS’s Open Government Plan on April 7, 2010. This plan has served as our guiding star as we’ve worked energetically to “liberate” HHS data and improve how HHS collaborates with the public and external stakeholders. We are now working on “Version 2” of our Open Government Plan, [...] Read Full Article →
MHEALTH RESEARCH & EVALUATION: NEW OPPORTUNITIES AND CHALLENGES

By Audie Atienza On January 13, 2012

Does a mobile health (mHealth) program work and how do you know? The traditional scientific process provides a systematic way of determining which research and evaluation methods work (and which don’t). The advent of mobile devices has created unique and exciting opportunities for conducting research and evaluation, along with challenges for researchers to address. We outline three key considerations in developing mHealth research initiatives: 1) innovative methods for mHealth research; 2) human subject protection issues [...]

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U.S. SURGEON GENERAL’S HEALTHY APP CHALLENGE

By wpengine On December 6, 2011

In June 2011, the National Prevention Council, which is chaired by U.S. Surgeon General Dr. Regina Benjamin, released the National Prevention Strategy, America’s plan for better health and wellness. National public health recommendations and guidelines currently exist for physical activity (Physical Activity Guidelines for Americans), nutrition (MyPlate), and overall health and wellness (Healthy People 2020). Yet approximately 40 percent of American adults report that they do not engage in any leisure-time physical [...]

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COMPLEXITIES AND CHALLENGES IN DEVELOPING MHEALTH PROGRAMS

By Audie Atienza On November 30, 2011

Last month, we blogged about “Three Approaches to mHealth”. It is important to note that mHealth extends beyond mobile phones to other portable technologies (sensors, GPS, physiologic monitors, etc.). This blog addresses common complexities and challenges that HHS agencies/divisions may face in developing programs using various mobile technologies, and points to resources to help staff better understand key issues. There are many agencies and divisions (AHRQ, CMS, HRSA, NIH, etc.) under the HHS umbrella, [...]

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CELEBRATING INNOVATION! APPS CHALLENGE WINNERS AT THE NATIONAL LIBRARY OF MEDICINE

By Todd Park On November 2, 2011

As I’ve often said, the National Library of Medicine (NLM) has been doing open data since before open data was cool. NLM has now built on its outstanding track record of promoting open innovation utilizing their immense information holdings by hosting their first challenge competition: “Show off Your Apps: Innovative Uses of NLM Information.” A big tip of the hat to Dr. Don Lindberg, NLM Director, Betsy Humphreys, and their incredible team for hosting this [...]

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ANNOUNCING THE LEADING HEALTH INDICATORS APPS CHALLENGE

By Todd Park On October 31, 2011

Today, at the 138th Annual Meeting of the American Public Health Association (APHA), Dr. Howard Koh, our Assistant Secretary for Health, and I joined a distinguished group of health leaders for a discussion about the new “Leading Health
Indicators” for Healthy People 2020 – a set of 12 categories that capture 26 key measures of health from our Healthy People 2020 collection of health measures. Through these Leading Health Indicator (LHI) measures, communities can identify vital [...]

THREE APPROACHES TO MHEALTH

By Audie Atienza On October 26, 2011

There are more wireless devices being used in the U.S. than there are people (CTIA, 2011)! Over 50% of U.S. adults are using wireless devices, such as cell phones, to access the internet, with 78% of wireless device users searching online for health information (Pew Internet and American Life Project, 2010). Over the next few months, we will be highlighting HHS mobile health (mHealth) activities, initiatives and programs in a series of blogs. [...]

PROMOTING A “THINK DIFFERENTLY” ATTITUDE AT HHS

By E. J. Holland Jr. On September 26, 2011

Today marks a special occasion for all of us at HHS as Secretary Sebelius and our leadership celebrate the finalists of the HHSinnovates competition for the second half of 2011. Congratulations to the finalists for their achievements and being selected by you—the HHS workforce that voted for them. I am particularly delighted that we have the honor of hosting the Director of the Office of Personnel Management, John Berry, as our keynote speaker. I’m always eager [...]

HEALTH AND HUMAN SERVICES CELEBRATES THE UNITED STATES’ ENTRY INTO THE OPEN GOVERNMENT PARTNERSHIP

By Todd Park On September 20, 2011

The Open Government Initiative has created an unprecedented opportunity for the U.S. Department of Health and Human Services (HHS) to promote transparency, collaboration, and participation in causes important to our mission. Under President Obama’s leadership, HHS has taken extensive steps to advance open government through more than 80 activities articulated in our Open Government Plan (http://www.hhs.gov/open). Among the most important of these activities are our efforts to promote increased access to and innovation utilizing [...]

ADVANCING TEXT MESSAGING FOR HEALTH

By Todd Park On September 19, 2011

Mobile technology and cell phones offer incredible opportunities to reach large segments of the U.S. population, including historically underserved populations, with important and potentially life-saving health information. In November 2009, HHS established the Text4Health Task Force to explore how to leverage the power of text messaging in particular to advance health. This Task Force explored best practices and lessons learned from existing health text messaging programs, including the Text4Baby program (www.text4baby.org), a public-private partnership [...]

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NEW YORK INCREASES ACCESS TO HEALTH DATA
By Nirav R. Shah, MD, MPH On September 2, 2011

New York is proud to be among a diverse group of public and private institutions that have come together to harness the power of health data to improve public health and health care delivery. In a time of limited resources, making data more widely available, open, and accessible will enable government to engage key stakeholders in the important work of advancing public health and health care. Under Governor Andrew Cuomo’s leadership, the New York State [...] Read Full Article →

THE POWER OF MANY: CROWDSOURCING OUR WAY TO SOLUTIONS
By Todd Park On July 18, 2011

Greetings! Today, I had the pleasure of hanging out at a remarkable forum focused on problem-solving held at the National Institutes of Health. Many of you are probably thinking, “Hey, we solve problems every day – what’s new about that?” Yet each of us is frequently searching for new ideas and people who might have unique talents, experiences, and expertise that could hold the key to unlocking new approaches to problems. The "Crowdsourcing" Forum held today [...] Read Full Article →

JUNE 2011 OPEN GOVERNMENT PROGRESS REPORT RELEASE
By Todd Park On June 27, 2011

In the year since the U S. Department of Health and Human Services (HHS) first published its Open Government Plan, we’ve worked energetically to implement the Plan’s blueprint for advancing transparency, participation, and collaboration at HHS. Now, we’re excited to release a Progress Report on our Open Government Plan that highlights some of the most important developments in HHS’s Open Government Initiative in four key domain areas: Leadership, Governance and Culture Change at HHS; Transparency and Data [...] Read Full Article →

CALLING ALL HEALTH INNOVATORS: HEALTH DATA PALOOZA LIVE JUNE 9TH
By Todd Park On June 6, 2011

Almost exactly one year ago, we launched a vital new HHS Open Government effort: The Health Data Initiative (HDI). The Initiative was publicly launched by HHS Secretary Kathleen Sebelius, Deputy Secretary Bill Corr, Institute of Medicine (IoM) President Harvey Fineberg, and White House CTO Aneesh Chopra at a forum held at the National Academy of Sciences. This Thursday, June 9th, innovators and entrepreneurs alike will gather at the National Institutes of Health for the 2nd Annual [...] Read Full Article →

GREATLY IMPROVED PUBLIC REPORTING OF HHS GRANTS DATA
By Todd Park On April 28, 2011

Today, I am very pleased to talk about a newly enhanced HHS resource that brings to the public much easier and more rapid access to all of the data from HHS grants programs. TAGGS – the Tracking Accountability in Government Grants System (TAGGS) is a reporting tool developed by our HHS Office of Grants and Acquisition Policy and Accountability (OGAPA) and can be found at http://taggs.hhs.gov. A supercool new version of TAGGS has just launched [...]
ADDITION VALUE AT HHS THROUGH INNOVATION
By Todd Park On March 31, 2011

Today, on the top floor of the Humphrey Building, we celebrated the completion of another cycle of our HHSinnovates program. For “Round 2,” we once again received outstanding nominations for HHS innovations deserving of special recognition. As “Round 2” came to an end yesterday, Secretary Sebelius once again met with six winning innovation teams to give them awards and thanks. And by extension, she was recognizing all of those who submitted nominations in this Round. HHSinnovates is [..]

HELP SHAPE THE NEW FEDERAL HEALTH IT STRATEGIC PLAN
By Todd Park On March 25, 2011

Remarkable changes are underway across the country in harnessing the power of health information to improve health and health care. As these efforts continue to gain momentum, HHS’s Office of the National Coordinator for Health IT has just published its new Federal Health IT Strategic Plan — a framework outlining how it proposes to help continue to support health IT progress over the next five years. The plan is being published today for public comment [..]

CELEBRATING SUNSHINE WEEK AT HHS
By Todd Park On March 18, 2011

As Sunshine Week, the national week of dialogue promoting Open Government, comes to a close, we’d like to take a moment to reflect upon the progress of Open Government at HHS and just how far we’ve come. We’re working on a comprehensive update that we’ll be sharing with everyone on April 7, the one year anniversary of our inaugural Open Government Plan. There is so much to celebrate: Massive forward progress on HHS’s effort to [..]

WELCOME TO HEALTHDATA.GOV!
By Todd Park On February 16, 2011

Originally posted on HealthData.gov Welcome to HealthData.gov – an exciting new community on Data.gov! HealthData.gov is a one-stop resource for the growing ecosystem of innovators who are turning data into new applications, services, and insights that can help improve health. Here’s what you can do on HealthData.gov: Get free health-related data (and lots of it). Under “Data/Tools,” you can access a comprehensive catalog of health-related data sets available on Data.gov – relevant to all aspects of health, [..]

ADVANCING A CULTURE OF INNOVATION AT HHS
By Todd Park On October 17, 2010

An exciting change is happening in government, and HHS is helping to lead the way. President Obama has made clear that openness and innovation in government are first-order priorities for his administration. HHS is acting as a pioneer in
advancing a “culture of innovation” throughout our Department, especially through our new HHSinnovates program. HHSinnovates is an awards program that helps recognize and reward new approaches to fulfilling our mission that are developed by HHS employees. Equally [...]

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THE NATIONAL LIBRARY OF MEDICINE’S NEW API PORTAL

By Todd Park On September 21, 2010

The National Library of Medicine (NLM) is the world’s knowledge center for health and medicine, supporting a broad range of electronic information resources that are freely available to the public. Enhancing the use of these resources via web-based and mobile applications has been an important goal, consistent with HHS’s Open Government objectives. With this in mind, NLM has just announced the launch of a web portal for one-stop access to an exciting array of NLM Application [...]  
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HHSINNOVATES AWARDS PROGRAM

By Todd Park On August 9, 2010

On Aug. 4, HHS completed the first cycle of our new HHSinnovates awards program. Secretary Sebelius announced the six winners of innovation awards in a ceremony at the Humphrey Building headquarters. Teams of employees and others who worked on these winning innovations were present from many different agencies throughout the Department. The ceremony can be viewed here (http://www.hhs.gov/open/innovate/index.html ). Even more important is the purpose we’re serving. HHSinnovates was created and designed to support a “culture of [...]  
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STRATEGIC PLAN

By wpengine On July 21, 2010

Over the last few decades, the Nation has made substantial advancements in ensuring the public health, safety, and well-being of the American people, but there is still more to be done. The draft HHS Strategic Plan Fiscal Years 2010–2015 describes the steps we will take to achieve our mission to enhance the health and well-being of Americans, by providing for effective health and human services, and by fostering sound, sustained advances in the sciences underlying [...]  
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NOW PLAYING: NEW DEVELOPER CHALLENGES USING HEALTH DATA!

By Todd Park On July 9, 2010

Here’s some very exciting news regarding the Community Health Data Initiative! Our intrepid colleagues at Health 2.0, Matthew Holt and Indu Subaiya, are launching four new application development challenges today under the auspices of the overall Health 2.0 2010 Developer Challenge, announced at our Community Health Data Forum in June. These new challenges encompass building tools to help kids understand and apply health data, applications that turn patient data into [...]  
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HHS'S OPEN GOVERNMENT PLAN: VERSION 1.1
By Todd Park On June 25, 2010

I am very happy to announce the release of version 1.1 of our Open Government Plan! It’s an updated version of our Plan, reflecting comments and input we’ve gotten since the release of our initial Plan on April 7. What’s different about version 1.1? We’ve added more clarity, specificity, and depth of explanatory policy detail in multiple areas throughout the Plan. We’ve also included exciting updates on our work to implement the Plan – work […]

SECRETARY’S INNOVATION AWARDS PROGRAM – HHSINNOVATES!
By Todd Park On June 22, 2010

Greetings! I’m very excited to update you about the implementation of a key part of our Open Government Plan – our new Secretary’s Innovation Awards program, HHSInnovates! HHSInnovates is a new competition that we’ll be running twice per year here at HHS. Its purpose is to identify and celebrate the top innovations in how HHS does business – innovations that have succeeded in improving our service to the American public, including breakthroughs in HHS transparency, public […]

HHS AND INSTITUTE OF MEDICINE PROMOTE COMMUNITY HEALTH DATA INITIATIVE
By Todd Park On June 1, 2010

The Community Health Data Initiative is launched in a Forum at the Institute of Medicine, Washington, D.C. – June 2, 2010. Under the initiative, HHS health data will be made freely available so that software developers can create innovative applications and make the data more useful for consumers and communities. At the June 2 event, Secretary Sebelius explains the initiative, and early developers demonstrated their new applications. See more at the HHS OpenGov website http://www.hhs.gov/open/datasets/communityhealthdata.html. […]

COMMUNITY HEALTH DATA FORUM: HARNESSING THE POWER OF INFORMATION TO IMPROVE HEALTH
By Todd Park On May 27, 2010

On behalf of the HHS Open Government team, I’m really excited to share some important news in our continuing work to liberate HHS data in the name of improving health! As those of you who checked out our Open Government Plan may recall, one of our flagship Open Government efforts is a campaign we’re calling the Community Health Data Initiative. The purpose of the Initiative is to help Americans understand health performance in our communities […]

DESIGN FOR AMERICA – VISUALIZING HEALTH DATA TO INSPIRE COMMUNITY ACTION
By wpengine On May 4, 2010

For those of you unable to participate in last Friday’s summit on innovation through prizes, challenges, and open grantmaking, I am pleased to report on an opportunity to put your best ideas to work. One of the participants in Friday’s
meeting, the Sunlight Foundation, highlighted the “Design for America” competition, which is offering a $5,000 prize for the best visualization of community health data. A terrific collection of community health information is [...]
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SECRETARY KATHLEEN SEBELIUS’S ONE-YEAR ANNIVERSARY
By Todd Park On May 3, 2010

I am writing to celebrate the one-year anniversary of Secretary Kathleen Sebelius’s arrival at HHS! It has been a truly historic year by any measure. And it marks just the beginning of what is unfolding as a remarkable era in the life of HHS. In fact, we are marking the anniversary not by looking back, but by looking forward: check out the declaration of the Secretary’s Strategic Initiatives and Key Inter-Agency Collaborations. This declaration gives [...]
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HHS OPEN GOVERNMENT PLAN
By Todd Park On April 7, 2010

We are delighted to announce the debut of our HHS Open Government Plan, posted on this Website! Under the leadership of President Obama and Secretary Sebelius, we are committing to take Open Government to a whole new level at HHS. We believe that greater transparency of our data and operations, expansion of opportunities for citizens to participate in government, and improved collaboration across government and with the world outside government are essential to our ability [...]
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FOLKS HAVE POSTED TERRIFIC OPEN GOVERNMENT THOUGHTS
By Todd Park On March 25, 2010

Folks have posted terrific Open Government thoughts and ideas over the past few weeks – incredibly thoughtful and inspiring stuff! Initial observations regarding the latest round of comments: We are getting suggestions to not just release raw data sets, but also to focus on how to make data maximally helpful to citizens. This makes enormous sense to me. Shrgp in California asks that government information be “collected and presented in a way that citizens can [...]
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OPEN GOVERNMENT IS POWERED BY YOU
By Todd Park On March 1, 2010

Thank you to everyone who posted responses to both my blog and HHS’s initial Open Government Plan outline! Very interesting responses. I wanted to give a shout-out to several folks in particular: To Scott in NJ. Scott Ruhl in CA, and Survivor in Iowa – who collectively pointed out that we have a great opportunity to advance Open Government through making the work of our federal advisory committees more accessible. To Snobound in VA and [...]
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GETTING STARTED
By Todd Park On February 5, 2010
On behalf of the Department of Health and Human Services (HHS), welcome to the conversation about Open Government! We are eager to get your thoughts regarding how we can make HHS more transparent to the public, improve accountability, increase opportunities for the public to engage in what we’re doing, and encourage collaboration between our employees, citizens, and the private sector. In this blog, we’ll be exploring these themes on an ongoing basis, and are extremely [...]