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Justin: Thank you for tuning in. And thank you, certainly, for joining us here live from HIMSS 16 Annual Conference in Las Vegas. We're in the Sands Expo and Convention Center. And I couldn't be more thrilled to have my next guest here, Aneesh Chopra, EVP and co-founder of Hunch Analytics. But then also we also know him as the former CTO of the United States. So welcome, Aneesh.

Aneesh: Well, thank you for having me. What an exciting show.

Aneesh: Thank you, buddy. So first of all, when did you get in town?

Aneesh: Last night late, but HIMSS is an experience. You got to celebrate all of it.

Justin: It certainly is. So we're going to dive into some of my questions, because we do have a theme. I'm looking for what trends that you're seeing out there in the industry. But certainly I do want to catch up. Tell us a little bit about Hunch Analytics before we dive into other questions.

Aneesh: Oh, sure. Well, listen. I had a theory when I had the opportunity to serve the president, which was if we opened up more government data in health, in energy, in education markets, it should fuel public, private, nonprofit academic ideas or applications that could bring those datasets to life, largely in pursuit of some broader mission, helping to connect talent to opportunity, jobseekers in that scenario, or in the case of patients to health plans that are right for them or population health.

And the theory was, if we opened up the data, we would see all this amazing activity. My theory at Hunch is that we should be incubating open data startups that could help catalyze, push, and nudge the market in the right direction. So we're doing that. We're building startups that power on open datasets.

Justin: Is NavHealth one of them?

Aneesh: It is. It is. That one's particularly focused on the Medicare ACO claims data. So about nine million Americans have their claims data delivered to the providers that are deemed to be their, call them their main primary care doctors. And the patients have the right to opt out. Very few do. And bringing that data to life to ensure providers are focused on the right patients, to ensure they get the right care at the right setting at the right time, that's a big opportunity for the country over the next five to ten years.

Justin: That's fantastic. So I'm going to ask you some political questions when we're...[SS]...

Aneesh: Oh, God bless you. Yes, sir. Let's do it.

Justin: But before we go there, so as you're here, what are some of your goals over the next couple of days here at HIMSS? But then also, where do they balance in with what trends that you're seeing in the industry? Because I think it would be mutually inclusive.

Aneesh: I'd say the number one goal is myth-busting, myth-busting. There seems to be a disconnect between the technical opportunities for interoperability, the regulatory or legal frameworks for interoperability, and the choice options available to the average CIO who's attending HIMSS. And my perception is that the gap is widening, that the options available to the CIOs are widening, not narrowing. And this idea of the patient facing API as a possible path for interoperability is one, I think, that hasn't been understood or hasn't been fully evaluated in this context.

So myth-busting here is what's the possibility of that path as a method of solving interoperability, number one goal. Number two, if lucky, when you break some myths you then want to get early adopters. And I think the big to-do here is action, health systems standing up and saying, "We want to work with our EHR vendors to open up data for this purpose. And let's test out the hypothesis that it can work." I believe it to be the lowest-cost, most innovation-fueling option of all the models. But let's see how it goes.

Justin: Fantastic. So I think I know some of the answers here. But how do you address this from your perspective? And you wear several hats. And you probably address it from multiple hats. But what are the two or three ways that you address it today?

Aneesh: I would say the three things that I do personally... Number one, when the administration suggested that they wanted to regulate a patient-facing API it was clear that the private sector needed to kind of beef up its game a little bit. And with leadership from folks like John Halamka and leaders in the vendor community like Epic and Cerna and Athena and others, we had an opportunity to bring everyone on the same page.

Everybody loves HL7. Everybody is embracing the FHIR API. Let's get a code and documentation sprint to test out whether or not we can open up that FHIR API to patient-designated apps. And for the last year I'd say a good chunk of my social good time has been to galvanize participation in the open-source,

free, no cost to any of the participants Argonaut Project, number one, ArgonautProject.org.

Two, I do think there's a lot of grey area about how to implement the policies that are on the books. So I do my best to point out areas where we can tweek and refine and improve. And so what you saw the president announce last week at the Precision Medicine Announcement was literally the big health system vendors, EHR vendors, said, "We will deliver patient-facing APIs to help them enroll in the president's Precision Medicine Cohort as early as maybe even later this year."

So that nudging, encouraging, inspiring, celebrating that kind of activity was critical. And then in my small, little neck of the woods for the health systems that are working with me at NavHealth, we're bringing the FHIR API to life on the Medicare ACO claims data.

Justin: That's fantastic. And John was on the air here with us a couple of guests ago, and we did talk about the Argonaut Project.

Aneesh: Good. I hope he was excited about it.

Justin: Oh, yeah. He was. And we actually made sure we covered it. Because what I want for the people listening online and certainly people here, but the biggest thing is to give people actionable intelligence. What can they do next? If you're in an organization, you're a hospital, a health system, even a physician practice, where can you turn to? What can you look to to help you navigate interoperability or even anything in healthcare, but interopability and...

Aneesh: I'd love to react to what John said. But I'd love to give you my perspective on that, if it's okay.

Justin: Please, yeah.

Aneesh: If I were a CIO today, I'd do three things. One, I would take the SmartPlatforms.org contract language, it's all available, that says I want all vendors, my legacy vendors and my future vendors, to agree to allow me, if they're not going to deliver SMART on FHIR natively, that they'll allow me to bring a SMART on FHIR layer. And then from that, I can build the apps.

Because in that example, the intellectual property for apps really should belong to the author of the app, whether that be a doctor in a hospital or whatever, two kids in a garage. So number one, I'd put the contract language in place. And that's a great one to start with, SmartPlatforms.org and look at the RFP

language. Number two, I would ask every vendor I work with to demonstrate to me in the Argonaut Project how an app can connect to their server and vice versa.

The third option is before I buy an app I want to show that it connects in the Argonaut Project to Epic Server, Athena Server, etc. so you have more transparency in the market. You don't negotiate over words and ideas and vaporware, but you have running code. And the beauty of the Argonaut Project, it's free, open. Anyone can participate. And that's what I would do if I were CIO. I'd say, "Show me in dummy data what you would purport to sell to me in real data."

Justin: Now, that's fantastic.

Aneesh: Is that what John said? I was close?

Justin: A little bit different, but not too far off. That's fantastic.

Aneesh: Man, he's my brother. I love that man.

Justin: I know, Aneesh. Thank you. So now in the closing minute here, what advice would you give to a CEO or a CIO or even a leader of a practice on next steps that they can do, not just interoperability with the Argonaut Project, but to make sure that they have whatever they need to do to be successful moving in 2016?

Aneesh: Hug a physician who's embracing population health. Big bear hug because a physician who will succeed under population health will give you an insight into the requirements of the future. And as we move to value-based care, it's not going to happen uniformly across the country at equal rates. Find those pockets of early adopters. Beg them to be a partner of yours. Listen, learn, observe. And think about how your capabilities support them in their journey. I would hug a population health-embracing care delivery organization.

Justin: That's fantastic, Aneesh. So it's not a coincidence that you're here on Super Tuesday.

Aneesh: Yes, it's going to be a spicy election season.

Justin: Oh, it is. We're going to cover some of the results as they come in here shortly. So we're going to be doing that live on the air at 5:00. No. What might you do in the political arena? You thought about lieutenant governor and ran in that direction a little bit. But maybe what's next for you?

Aneesh: Well, I am blessed that the governor of Virginia put me on the Council on Virginia's Future. And to me, states are where the magic will happen. And on healthcare reform, it's the states. What's the most powerful weapon in the Affordable Care Act, Justin Barnes, at the state level?

Justin: I would say...[SS]...

Aneesh: Section 1332, Section 1332. Google it. It's the provision of the law that allows any state to effectively rewrite the law. Could you imagine if we could spend three years with business leaders, patient engagement...

Justin: And they're voting for the exchange or...

Aneesh: Not just the exchange.

Justin: Any aspect of it?

Aneesh: Oh, yeah. So long as you can provide the same cost, quality, access provisions. If you want to redo the individual mandate the minimum benefit plan, the tax exemption status of funding exchange participants in the private sector, all those policy levers are open. States will lead the charge in health, in energy, and education. And so right now I'm an appointee by the governor of Virginia. And I'm proud to help on that front. And I very much want to stay active on the state level. That, to me, is where the America magic happens.

Justin: And you think that Virginia might do something in this regard?

Aneesh: I don't know. I don't know what I'll do yet on the...it was fun running. I came in second place out of two. I got 54-46. It was a lot of fun. But no, it was an unbelievable blast talking to people about their challenges and to see where a better government could serve them in a way that makes their families lives better in the next generation. So my book, Innovative State, kind of highlights these principles. I've got a paperback edition coming in.

Justin: It's a great book.

Aneesh: Well, thank you for that. And so look. If you ask me a simple question, why are we hopeful for the next decade, it's because we are opening up to this public private interface. The path by which a jobseeker can find a job on the Internet will be powered not just by the government's labor market data, but by LinkedIn and others using that information to give you advice. The same will

happen in population health. And the same will happen in your energy data. And that's super-exciting for the country and the world.

Justin: I love it, Aneesh. Aneesh Chopra, thank you very much, my friend, for joining.

Aneesh: Thank you for having me. Let's have fun at this HIMSS. All right?

Justin: Thank you, my friend. We'll see you soon, Aneesh. Bye, buddy.