

**Congress of the United States  
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Subcommittee on Communications and Technology  
Subcommittee on Health  
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**Hearing on: 21st Century Technology for 21st Century Cures**

July 17, 2014

Testimony of:

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**SUMMARY**

Lyfechannel, Inc builds mobile patient programs that translate physician instruction into patient action. We help patients new to Diabetes, pre-Diabetes, COPD, heart health, and smoking cessation begin to build basic "good habits" to support their chronic conditions and also operate a preventive health program targeting the "Chief Health Officer" of a household.

Over the past three years we have worked closely with patients, pharma companies, payers, EHRs, providers and other technology companies to translate changes in technology and consumer behavior into opportunities to impact long term health. We have learned three important lessons relevant to any consumer-facing health technology.

1. If you are not integrated into the existing patient flow – whether it be with a physician or provider or payer – it is almost impossible to become part of a patient's health journey.
2. Technology doesn't change behavior, it just potentially creates a new access point to things that do change patient behavior
3. There remain strong economic incentives not to "release" the data that will drive patient insights and recommendations in the next 10 years

There are a handful of innovative large institutions that unleashed great innovative momentum through aggressive piloting and partnership with third parties.

4. The Office of Disease Prevention and Health Promotion
5. Boehringer-Ingelheim Pharmaceuticals
6. Allscripts
7. Johnson and Johnson
8. The Robert J Wood Hospital System
9. Box

Lyfechannel believes that technology companies that partner with "large insiders" and lead with patient behavior vs. cool technology have the greatest opportunity to impact health outcomes in the next 10 years.

Good morning. I am Dave Vockell, the CEO and Founder of Lyfechannel, Inc. It is a great honor for me to be here today, and I want to thank you for the opportunity to testify on the very important topic of innovative technology and the current and potential impact to population health.

I'd like to briefly cover three topics today:

- First, a short overview of Lyfechannel to give you some context as the role the startups can play in the rapidly evolving healthcare delivery landscape.
- Second, I'll cover three lessons learned and the "so what" that might inform how you evaluate health technology opportunities.
- Third, I'm going to share a list of large "insiders" who I think are forward thinkers and innovators in working with new technology to try and discover "what's next" health care delivery

Lyfechannel, Inc builds mobile patient programs that translate physician instruction into patient action. We help patients new to Diabetes, pre-Diabetes, COPD, heart health, and smoking cessation begin to build basic "good habits" to support their chronic conditions and also operate a preventive health program targeting the "Chief Health Officer" of a household. We create programs that connect the patient and their personal support team and their care providers through integration across mobile experiences and the provider's EHR (electronic health record). We recently won a CMS (Centers for Medicare and Medicaid Services) challenge to translate a recently released data set related to Medicare charges into a consumer-valuable tool.

Over the past three years we have worked closely with patients, pharma companies, government agencies, payers, EHRs, providers and other technology companies to translate changes in technology and consumer behavior into opportunities to impact long term health. We have learned three important lessons relevant to any consumer-facing health technology.

1. If you are not integrated into the existing patient flow – whether it be with a physician or provider or payer – it is almost impossible to become part of a patient's health journey. Consumer health actions are not the only behaviors that new technology companies need to engage if they hope to impact health at any scale. There is hospital procedure, billing protocol, prescribing habits – hundreds of "habits" within the system that need to be addressed, and to do it from the outside is still almost impossible.
2. Technology doesn't change behavior, it just potentially creates a new access point to things that do change patient behavior. A cool app on your phone doesn't make you take your meds by reminding you or making a game of it. You don't skip your Lipitor because it wasn't fun, or because you forgot, you skip it for the basic human behavior that "you feel great right now" and you're not connecting current health behavior to long term health. Technology experiences that reinforce the drivers of good health behavior create patient-led, not technology-led solutions.
3. There remain strong economic incentives not to "release" the data that will drive patient insights and recommendations in the next 10 years. Many payers do not release claims data that could fuel incredible insights into pinpointing health intervention opportunities because they have a large business selling that data to pharma companies. Electronic Health Record companies do not make it simple to exchange data with other EHR companies because it reduces the switching cost of moving to a new EHR.

There are a handful of innovative large institutions that unleashed great innovative momentum through aggressive piloting and partnership with third parties. The pattern of their innovation is similar – they make public a problem they are trying to solve, they make data available to support the solving of that problem and then they find a pathway to engaging technology innovators to solve the problem. Here are a handful of leading innovators:

1. The Office of Disease Prevention and Health Promotion. Under the guidance of Linda Harris, Director, Division of Health Communication and ehealth, Ellen Langhans, Program Manager of Health Communication and ehealth and Silje Lier, Communications Advisor of Health Communication and ehealth the ODPHP has not only engaged third party technology companies against the goals of ODPHP, but has also systematically shared their learnings with other government and public sector groups to advance best practices in patient literacy around preventive health. Their myfamily mobile program has been in pilot for the past ten months and is about to release version 2.0 which includes EHR integration and connectivity with the new Apple Healthkit platform build into iPhone software.
2. Boehringer-Ingelheim Pharmaceuticals under the guidance of Jon Doniger in their New Business Model group is aggressively engaging new technology companies to help his organization understand the role that pharma could be playing in health care delivery in 10 years.
3. Allscripts EHR platform under the leadership of Tina Love has embraced third party developers and platform "openness" to tap into the power of technology innovators passionate about health care.
4. Johnson and Johnson systematically defines problems, provides data and financial incentives to engage third parties to innovate against their hardest problems.
5. The Robert J Wood Hospital System, like J&J, programmatically engages outside tech companies.
6. Box, the digital storage and collaboration platform, under the guidance of Missy Krasner, works with leading health providers to facilitate the engagement of technology innovators.
7. CMS (Centers for Medicare and Medicaid Services) from an initial spark set off by Todd Park, CTO of the United States, is a voluminous publisher of health data. They have been followed quickly by the FDA and their openFDA initiative. What is remarkable about these two groups is their willingness to publish their data at a stage of "excellence", but not "perfection". CMS recently released a set of

Medicare billing data that detailed what every provider in the US charged for every procedure. The data only can get people about 50% of the way to really making cost decisions around health care, but rather than bloat their data set, make it too complex for initial analysis, cover in fifty layers of disclaimer, or WAIT and release it when it's better, they made the data set public, put in place some tools for people who were not used to sets that big, clearly explained the origins and then let the data shark feeding frenzy ensue.

In summary, Lyfechannel believes that technology companies that partner with "large insiders" and lead with patient behavior vs. cool technology have the greatest opportunity to impact health outcomes in the next 10 years. There are some great innovators that should serve as a model, and no shortage of technology innovators with limitless energy and caffeine to try and impact population health.

Thank you again to the Chairpersons and members of the subcommittees for your time today and the opportunity to participate in this hearing. I would love to answer any questions you might have.