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On the Chopra Block

Cutting costs in the Medicaid system may seem an odd task for Virginia's secretary of technology. But that's only if you don't know Aneesh Chopra.

By James A. Bacon

Virginia's secretaries of technology have made their marks upon the Commonwealth in very different ways. Don Upson employed his penchant for PR to gain national recognition for Northern Virginia's world-class technology sector. George Newstrom rationalized the state's IT infrastructure through the creation of the Virginia Information Technology Agency. Eugene Huang oversaw the development of super-high speed connections between the state's research universities.

Aneesh P. Chopra, Gov. Tim Kaine's secretary of technology, will bring his unique talents to bear in ways never envisioned by his predecessors. Gregarious, animated and an impassioned public speaker, the 33-year-old Chopra presides over the smallest secretariat in the Governor's cabinet. But his modest administrative responsibilities give him more latitude to range freely, make connections and spark creativity.

It's still early in the administration, and Chopra is still soaking up knowledge about downstate Virginia's variegated tech sectors, so there's no way of telling where Mr. New-Idea-a-Minute might take off next. But based on my conversation with him a week or so ago, I expect him to focus his energies in two areas:

- Working with Secretary of Health and Human Resources Marilyn Tavenner, a former hospital executive, to boost productivity and cut costs in Virginia's Medicaid system.
- Working with the vice presidents of research at Virginia's research universities to raise more research funding and do a better job of commercializing technology.

A technology secretary delving into healthcare policy? Absolutely. Kaine has made health care one of the top priorities of his administration. At the top of the list: Taming Medicaid costs through the application of information technology.

Chopra is well suited for the goals that Kaine has set. He studied health policy as an undergraduate at the Johns Hopkins University, did a stint as a financial analyst for the health-care industry at Morgan Stanley, and studied health policy some more at the Kennedy School of Government at Harvard. He then took a job with The Advisory Board in Arlington providing cutting-edge research on best business practices in the health care sector.



The Advisory Board was not a classic consulting firm, Chopra explains. The firm charged a fixed membership fee in the range of \$20,000 to \$30,000 a year. Chopra, who worked with hospital CFOs to identify the most pressing issues, would pool those resources and conduct a dozen detailed research studies each year. "We'd scour the country for best practices," he says. "We'd identify eight to ten to twelve ideas that solve the problem. We'd publish studies, hosting meetings and share the materials."

Chopra would like to apply that methodology to solving problems in government -- both in health care and in the traditional technology portfolio.

As Secretary of Technology, Chopra serves on the Virginia Research and Technology Advisory Commission, which advises the governor on policies that promote the competitiveness of Virginia's private industry and research universities. Early in the administration, he convened a meeting of the eight vice presidents of university research, who also serve on the board, and asked them, "Tell me what you do. What are your problem areas? Where are you frustrated? What can we improve?"

His hope, says Chopra, is to identify best practices that all the universities can share. For instance, it turns out that one university, which he declines to name, has identified one reason why it's so hard to transfer technology from the university lab into the marketplace: Many of its faculty simply don't realize

that their ideas have economic value. And even if they did, they wouldn't know where to go. The research v.p. has developed a presentation he takes to faculty members explaining the value of research as commercializable property and then shares ideas on how to locate business partners. It's a program, he suggests, that other Virginia universities would do well to emulate.

While Chopra is obviously a quick study for a wide range of technologies, his passion is health care. He wants to use his four-year tenure as secretary of technology first to help raise the administration of Virginia's Medicaid program to world-class standards of efficiency, and then to parlay success in that endeavor into achieving the Governor's goal of reducing the number of medically uninsured in Virginia by one third.

While the Governor has been tangling with the General Assembly over transportation and tax issues in the early months of his administration, Chopra and Tavenner have been working quietly behind the scenes on Medicaid reform. In a program called Direct Connect, to be formally announced this July, the Commonwealth will make it possible for six major health care systems around the state to tap into the state Medicaid database. Chopra sees the potential for considerable administrative savings.

First, Direct Connect will allow hospitals to determine if a patient qualifies for Medicaid before submitting the Medicaid paperwork, which in many cases results in a denial. There's no point in doing the work if the filing is just going to get rejected. Similarly, the program will spot patients who may qualify for Medicaid without knowing it. That beats trying to squeeze

hospital bills out of people who can't pay them.

If Direct Connect is successful, Chopra says, he sees many ways to build upon it. Medicaid patients hop around a lot between doctors, emergency rooms and hospitals. For many patients, the state Department of Medical Assistance Services is the only entity that maintains a comprehensive database on their medical history. Chopra anticipates allowing hospitals and physicians to plug into the Medicaid database to avoid giving redundant tests, for instance, or to check what medications a patient might be taking. Smart use of technology can help Medicaid improve patient outcomes and save money.

Chopra also is eager to apply telemedicine to improving the quality of healthcare in Virginia's small towns and hamlets. On a trade mission to India with Gov. Mark R. Warner last year, he visited one of the world's largest, most efficient heart hospitals in Bangalore. This hospital maintained satellite links to more than 45 hospitals and clinics throughout Africa, Asia and the Middle East. By using inexpensive sensors that monitored the patients' vital signs, one cardiologist could observe dozens of patients -- a level of productivity unheard of in the United States.

The Sentara Health System is moving in a similar direction, however, using a central facility to monitor patients in its seven hospitals scattered around Hampton Roads. Could Sentara or other health giants, asks Chopra, extend the service to small, rural hospitals in Virginia that have difficulty recruiting physicians?

In the Chopra schema, reducing the cost of medical treatments

and associated, insurance-related paper shuffling will result in lower charges, making health care insurance more affordable for everyone — including the uninsured.

There may be other reasons, Chopra acknowledges, why the number of people lacking medical insurance is so high. One of them, I noted during my conversation with him, was the extraordinarily high number of mandated benefits in Virginia that makes it impossible for small businesses to provide basic, stripped-down coverage for employees. Chopra didn't dispute my observation but said he's not interested in making structural reforms to the health-care sector that has winners and losers. He wants to focus on technology applications that shave costs, improve the quality of medical care and create winners all around.

"If I can earn credibility on the cost savings and quality front," he says, "We can engender goodwill on the more difficult challenge of tackling the uninsured problem."

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