

The HHS Ignite Accelerator

Round 5 | Spring 2016

Number of Proposals At Each Stage

OpDiv (As Lead Agency)	# Submitted	# Finalists	# Selected
ACF	6	6	4
ACL	0	0	0
AHRQ	1	1	1
CDC	18	10	4
CMS	12	4	1
FDA	12	6	2
HRSA	6	3	2
IHS	6	2	1
NIH	15	11	2
OS (includes StaffDivs)	3	3	3
SAMHSA	1	1	1
External	1	0	0
HRSA Idea Spring	23	7	1
From the Ventures Fund Process	-	-	1
total	104	54	23

The HHS Ignite Accelerator is an internal innovation startup program for staff within the Department that want to improve the way their program, office, or agency works. The program provides selected teams methodological coaching and technical guidance within a fast-paced, entrepreneurial framework.

Joining Boot Camp ALPHA (April 5-7)

ASA Project Management Skills Bank

Submitted by staff from: OS / ASA

From basic IT initiatives to assistance with healthcare.gov, projects arise within ASA that suffer from poor project management due to a skill gap. The opportunity to share knowledge and expand their skillset is nonexistent. Across the government, tools have been developed to allow employees to work across divisions. There is currently no process across ASA for capturing, sharing, and utilizing organizational project management and change management skills.

The Team:

Elizabeth Bergamini, ASA / Office of Human Resources

Kimberly Cosby, ASA / IO

Supervisor of the Project Lead:

KerriLaine Prunella, Senior Advisor, ASA / Office of Human Resources

Back to the Drawing Board: Re-imagining Alternative Medical Malpractice Dispute Models

Submitted by staff from: HRSA / BHW

Alternative medical malpractice dispute resolution models are being designed and implemented in a manner that excludes reporting to the National Practitioner Data Bank (NPDB). During Ignite, we would remove some of the barriers that are preventing these models from reporting by changing the medical malpractice form. The proposed changes will address perception issues, make the data more useful, and help NPDB make the connections needed to create a model that incorporates ideal NPDB reporting.

The Team:

Paul Lotterer, HRSA / BHW

Claudia Rausch, HRSA / BHW

David Horowitz, HRSA / BHW

Supervisor of the Project Lead:

Laura Burns, Branch Chief, HRSA / BHW

Building Flexibility into the Training Experience for HHS

Submitted by staff from: HRSA / OO + CDC / OCOO

This HHS proposal aims to free up how, when, and where employees access training. Hence, the human centered design question for this project is; How might we use new training industry standards and technologies to deliver and record learning activities by the HHS workforce?

The Team:

Dan Elbert, HRSA / Office of Operations

Erick Emde, CDC / OCOO

Supervisor of the Project Lead:

Connie Mahon, Organizational Development Lead, HRSA / Office of Operations

Cloud Caffeine: Catalyzing Cloud Adoption at the NIH

Submitted by staff from: NIH / NIAID

NIH researchers who create and use digital research objects (DROs) such as scientific data and software need better ways to find, access, and share these DROs. Public cloud computing platforms offer promise, yet many barriers to cloud adoption exist. We propose creating an evidence-based, online guidebook to help NIH researchers overcome recognized obstacles in technology, policy, security, and cost, and ultimately to better leverage the cloud for advancing biomedical research.

The Team:

Nick Weber, NIH / NIAID

Lewis Kim, NIH / NIAID

Amy Gentzel, NIH / NIAID

Supervisor of the Project Lead:

Darrell Hurt, Branch Chief, Bioinformatics and Computational Biosciences, NIH / NIAID

CMS FOIA and Correspondence ONLINE Request Entry System

Submitted by staff from: CMS / OSORA

We hope to alleviate a high percentage of the paper process for the public to submit FOIA requests and letters to the CMS Administrator.

The Team:

Janis Nero, CMS / OSORA

Christina Clary, CMS / OSORA

Supervisor of the Project Lead:

Carlos Simon, Group Director-Issuances, Records and Information Systems, CMS / OSORA

Improving Utilization of Data in Organ Transplant Decision-Making

Submitted by staff from: HRSA / HSB

A Project Selected via the HRSA Idea Spring

Make tools available to transplant physicians and surgeons to inform evaluation of organs for transplant and to increase the overall number of transplants.

The Team:

Robert "Bob" Walsh, HRSA / HSB

James Bowman, HRSA / HSB

Monica Lin, HRSA / HSB

Supervisor of the Project Lead:

Melissa Greenwald, Acting Director, Division of Transplantation, HRSA / HSB

Partnership Alignment Information Response System (PAIRS)

Submitted by staff from: ACF / Region 10

Regionally, the Offices of Head Start and Child Care jointly monitor and support Grantees (state & program) to implement quality programs that comply with regulations. Our Current divisional structure makes joint development and distribution of the technical support inconsistent and fragmented. PAIRS will develop a combined a cross divisional approach and Grantee/customer input to create a sustainable system for collaborative planning and delivery of consistent, meaningful resources to Grantees.

The Team:

Mary Seaton, ACF / Region 10
Agda Burchard, ACF / Region 10
Laura Bocchetti, ACF / Region 10

Supervisor of the Project Lead:

Julianne Crevatin, Acting Regional Program Manager, Office of Head Start, ACF / Region 10

NIOSH Nexus: A Collaboration Facilitator

Submitted by staff from: CDC / NIOSH

NIOSH is a diverse organization with 12 divisions across 8 sites and 4 time zones. This creates challenges for internal communications. After interviews with approximately 50 NIOSH employees, we discovered that “internal communication” wasn’t the issue. Instead, we realized that there is a need to break down internal barriers to collaboration. As a solution, we propose NIOSH Nexus. NIOSH Nexus will facilitate collaboration between NIOSH employees regardless of location, division, or job series.

The Team:

Carin Kosmoski, CDC / NIOSH
Brett Green, CDC / NIOSH
Christina Spring, CDC / NIOSH

Supervisor of the Project Lead:

Robert Randolph, Branch Chief, CDC / NIOSH

Sourcing the Crowd to Make Reports that Matter

Submitted by staff from: AHRQ / CEPI

Our research reports don’t meet the needs of patients and clinicians. We have tried to include them in our process but we are constrained by time and budget and miss important questions and context.

Crowdsourcing may improve the quality, cost and speed of projects while engaging many people and creating novel science. We would like to explore use of crowdsourcing to mobilize rapid feedback from a large number of patients and clinicians to better identify research questions that matter to them.

The Team:

Elise Berliner, AHRQ / CEPI
Suchitra Iyer, AHRQ / CEPI
Elisabeth Kato, AHRQ / CEPI

Supervisor of the Project Lead:

Stephanie Chang, Director, Division of Evidence-based Practice Centers Program, AHRQ / CEPI

Scribe: Web-based capture of patient-reported outcome data

Submitted by staff from: NIH / NCI

A Project Recommended for Selection by the HHS Ventures Board

Patient-reported outcome data is of increasing importance to clinical research, but its collection and integration into the research data set is still stuck in the dark ages. In 2016, we have access to terrific online ways to capture the data, ways which allow us to also eliminate major pain points in use of patient-reported data. From modern methods of data collection to proper real-time validation to efficient transmission into existing data systems, Scribe aims to ease these pain points.

The Team:

Jason Levine, NIH / NCI

Rohit Paul, NIH / NCI

Supervisor of the Project Lead:

Lee Helman, Director (Acting), Center for Cancer Research, NIH / NCI

Rapid Opioid Alert Response (ROAR)

Submitted by staff from: SAMHSA / DPT

The heroin epidemic affects all our communities and all walks of life, young and old, rich and poor. This is a huge public health problem and we have a potential solution that is cutting edge. SAMHSA proposes developing an innovative rapid response network to alert people who inject drugs and family members about tainted heroin in their communities and treatment. This idea could be developed and ultimately contribute to saving many lives.

The Team:

Mitra Ahadpour, SAMHSA / DPT

Gus Lodato, SAMHSA / OC

Matt Rainsong, SAMHSA / OC

Supervisor of the Project Lead:

Melinda Campopiano, Acting Director, SAMHSA / DPT

Consumers at the Center: Improving HHS's Consumer-Facing Resources

Submitted by staff from: OS / Office of Health Reform + OS / IOS

HHS currently does not have a unified way of ensuring that consumer web-based resources are understandable, accessible and findable. Focusing on key "insertion points," we will leverage the ASPA Strategic Communications Planning (SCP) Platform, a tool used by HHS to track and shape high profile or newsworthy communication products. We will build a consumer-oriented and user-centered design framework into the SCP, and concurrently aid SCP users by providing behavioral science "consult" resources.

The Team:

Sarika Kasaraneni, OS / Office of Health Reform
Ben Shannon OS / Immediate Office of the Secretary
Margeaux Akazawa, OS / Office of the National Coordinator

Supervisor of the Project Lead:

Meena Seshamani, Director, Office of Health Reform, HHS Office of Health Reform

Joining Boot Camp BRAVO (April 12-14)

The Application Toolkit

Submitted by staff from: ACF / ANA

Applicants with a great need for grant funding score don't score well enough to receive funding. With additional tools and resources, the application toolkit can provide the extra support that may push them above the funding line.

The Team:

Carmelia Strickland (Project Lead), ACF / ANA
Rosia Curry, ACF / ANA
Jill Kane, ACF / ANA

Supervisor of the Project Lead:

Kimberly Romine, Deputy Commissioner, ACF / ANA

DataQuest: Making ACF Native Data Visible and Useful

Submitted by staff from: ACF / ANA +ACF / ACYF

Potential users of American Indian/Alaska Native (AI/AN) data find the data is hidden, not useful to help answer their questions, or both. We want to explore ways to map AI/AN data to make it visible and accessible, create mechanisms to provide the means by which users can interact with the data to see relationships, link different data sets together to identify what works in federal programming, and expand the ACF knowledge base to more effectively meet AI/AN customers' needs.

The Team:

Camille Loya, ACF / ANA
Heather Zenone, ACF / ACYF
Joshuah Marshall, ACF / ANA

Supervisor of the Project Lead:

Lillian Sparks Robinson, Commissioner, ACF / ANA

Swipe Right to Collaborate! Making Authentic Partnership Easier for Teen Pregnancy Prevention (TPP) Grantees

Submitted by staff from: OS / OASH + ACF / ACYF + CDC / NCCDPHP

3 HHS agencies run 17 teen pregnancy prevention programs w/ ~ 300 grantees. Grantees would like to collaborate, but find it hard, time consuming, full of layers, & not incentivized. We hope to continue to bring our 3 agencies together at Ignite to explore this issue more & an idea that emerged from our interviews. The idea, Swipe Right to Collaborate!, is an app that lets grantees connect, communicate, & collaborate. In the app, users browse for projects or orgs & “match” by swiping right.

The Team:

Nicole Bennett, OASH / Office of Adolescent Health

Sarah Axelson, ACF / ACYF

Anna Brittain, CDC / ONDIEH

Supervisor of the Project Lead:

Amy Margolis, Division Director, OASH / Office of Adolescent Health

Understanding TANF through Data Visualization

Submitted by staff from: ACF / OFA

This project would improve understanding of TANF by developing data tools targeted towards policy makers. As a result of structural factors and complexity within the program and across states, many policymakers have misconceptions about TANF that can impact policy decisions. This project would further investigate gaps in understanding and create interactive state profiles that display TANF data and policies, as well as data visualizations that state data and policies.

The Team:

Lauren Frohlich, ACF / Office of Family Assistance

Peter Germanis, ACF / Office of Family Assistance

Rebecca Shwalb, ACF / Office of Family Assistance

Supervisor of the Project Lead:

Susan Golonka, Deputy Director, ACF / Office of Family Assistance

Project CURE: Clear, Useful Reports for Everyone

Submitted by staff from: CDC / NIOSH

We assess health issues in workplaces. We give each workplace a long, scientific report with our findings and recommendations on how to protect workers. For some, the entire report is useful. For others, much of it is confusing and unnecessary. Our solution: Everyone will get a short, simple report that summarizes our evaluation and solutions. Based on an assessment we will design, some workplaces will receive extra information. This should make our reports more clear and useful for everyone.

The Team:

Jennifer Tyranski, CDC / NIOSH

Allison Tepper / CDC / NIOSH

Supervisor of the Project Lead:

Robert McCleery, Deputy Branch Chief, Division of Surveillance, Hazard Evaluations, and Field Studies, CDC / NIOSH

System To Prevent Group B Streptococcal Infections (STOP GBS)

Submitted by staff from: CDC / NCIR + CDC / ONDIEH + CDC / NCIP + CDC / NCHHSTP

GBS is a leading cause of severe bloodstream infections in newborns. CDC has guidelines to prevent GBS, but they are complicated. A recent CDC study found that they are not followed in ~60% of deliveries where the baby developed GBS infection. The solution—STOP GBS. It is a tool embedded in medical records which gives healthcare providers patient-specific recommendations to prevent GBS based on the patient-specific clinical information they provide.

The Team:

Gayle Langley, CDC / NCIRD

Melvin Crum, CDC / ONDIEH

Jennifer Hudson, CDC / NCIRD

Supervisor of the Project Lead:

Stephanie Schrag, Epidemiology Team Lead, Respiratory Diseases Branch, CDC / NCIRD

CDC Lead Poisoning Prevention Program Redesign

Submitted by staff from: CDC / ATSDR

Redesign of the Lead Poisoning Prevention Program's data surveillance efforts to identify opportunities to apply new data sources, update state data submission requirements, and validate stakeholder data needs. Blood lead level data is received from 29 states and 5 cities through a cooperative agreement. Limitations in the data prevent in-depth analysis and prevents the program from developing a more targeted and proactive posture for preventing lead poisoning in children across the country.

The Team:

Christian Scheel, CDC / NCEH/ATSDR

Cristina Cope, CDC / NCEH/ATSDR

Elise Lockamy, CDC / NCEH/ATSDR

Supervisor of the Project Lead

Donna Knutson, Deputy Director (Acting), CDC / NCEH/ATSDR

Big Data Tools to Find Patient Harm in Health Records

Submitted by staff from: FDA / OC + FDA / CVM

FDA finds out about product-related harms from medical articles, news-media, and reports from the public (ie, doctors and patients). Using electronic health records (EHRs) to find harms would be faster. Current strategies to use notes in EHRs to find harm are in slow, intense development and could miss new types of

harms. Meanwhile, marketers are using new big data methods to find clusters and changes over time to target advertising to internet users; we want to try them to find harms in EHRs.

The Team:

Roselie Bright, FDA / Office of the Commissioner

Susan Bright, FDA / CVM

Lee Anne Palmer, FDA / CVM

Supervisor of the Project Lead:

Taha Kass-Hout, Chief Health Informatics Officer & Director, Office of Health Informatics, FDA

Rapid Enforcement Action Quality Transformation (REAQT)

Submitted by staff from: FDA / CDER + FDA / ORA + FDA / CBER

We identified communication issues between drug manufacturers and FDA that failed to correct manufacturing quality problems and led to drug shortages, delays in approval of novel drugs, or jeopardized patient health. Our team proposes the development of a rapid reaction process that is implemented when a drug quality issue is found. A rapid reaction team will help a firm identify the true root cause, and implement an effective corrective action plan that improves the quality of the drugs.

The Team:

David Jaworski, FDA /CDER

Steven Wolfgang, FDA / CDER

Alonza Cruse, FDA / ORA

Supervisor of the Project Lead:

Paula Katz, Director, Manufacturing Quality Guidance and Policy, FDA / CDER

See me as a Person

Submitted by staff from: IHS / PHX

We have noticed that there is a lack of continuity and consistency in care that our patients who are empaneled to primary care providers receive. We would like to further explore how to change our care delivery system in the outpatient clinic to meet our patient's needs, while respecting them, providing high quality care, and incorporating cultural practices into their care.

The Team:

Brandy Cloud, IHS / Phoenix Indian Medical Center

Juliana Upshaw, IHS / Phoenix Indian Medical Center

Supervisor of the Project Lead:

Camlesh Nirmul, Director of Ambulatory Services & Pediatrician, IHS / Phoenix Indian Medical Center

Initiative for Translational Discoveries (iTrans)

Submitted by staff from: NIH / OD + Harvard University + External Partner

Can machine learning detect early signatures that discoveries will be used in clinical settings?

Computational approaches combined with NIH's extensive database on research studies makes this possible at scale. A web app with this information will help analysts and decision-makers accelerate bench-to-bedside research. NIH staff can use this information to quickly make targeted investments to accelerate bench-to-bedside translation or discover previous NIH contributions to successful efforts.

The Team:

B. Ian Hutchins, NIH / Office of the Director

Griffin Weber, Harvard Medical School

Kirk Baker, Lexical Intelligence

Supervisor of the Project Lead:

George Santangelo, Director, Office of Portfolio Analysis, NIH / Office of the Director