

## NEHI News - Fall 2008

NEHI has been busy this fall – from throwing our 5th birthday party to holding dynamic expert roundtables on comparative effectiveness research and personalized medicine. In this issue, you'll hear more about what we've been up to, and read about the health care priorities some of our cross-sector members are hoping Washington will take up following the election.



Regardless of who is elected to office tomorrow, we look forward to working with them – and with you – to continue to improve our nation's health care system.

All the Best,  
**Wendy Everett, ScD**  
*President*

### NEHI Celebrates Its First Five Years

On October 22, NEHI celebrated its record of fostering positive changes in health care over the past five years at a **Fifth Anniversary Gala** with the theme “**Collaborate, Innovate, Celebrate.**”

The event, which drew more than 400 of NEHI's members, partners and friends to the Westin Copley Place ([click here for photos and sponsors](#)), was emceed by Arts and Entertainment Critic and Patient Advocate **Joyce Kulhawik**, who has been on the receiving end of health care as a three-time cancer survivor.

“My cancer diagnosis was my official initiation into the health care system,” said Kulhawik. “NEHI is helping to ensure that innovative care is brought to patients – and that is why I am here tonight.”

The evening's program included a [video](#) highlighting NEHI's five years of achievements and the inaugural presentation of NEHI's “Innovator in Health” awards to those who collaborated to achieve passage of the 2006 health reform legislation in Massachusetts: **Jack Connors, The Honorable Sal DiMasi, Andrew Dreyfus, The Reverend Hurmon Hamilton, Richard Lord, John McDonough, The Honorable Richard Moore, The Honorable Robert Travaglini, The Honorable Patricia Walrath, Governor Mitt Romney, Paul Guzzi, Nancy Turnbull and The Honorable Edward Kennedy.**

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### UPCOMING EVENTS

**November/December (TBD)**  
CER Webinar

**December 17**  
NEHI Executive Committee Meeting

**Early 2009 (TBD)**  
CER National Policy Forum

### QUOTE OF NOTE

“What you and NEHI have accomplished already is extraordinary on many levels, and we may finally be approaching the window of opportunity where this excellent work can be pivotal in reforming the entire system.”

—**Jonathan Rosen, Jr., PhD**

*Executive Director of BU's Institute for Technology Entrepreneurship & Commercialization*

### NEHI IN THE NEWS

**Superhero, and force for good**

Senator Kennedy's son, **Ted Kennedy, Jr.**, accepted the award on his father's behalf. "My father is proud to get this award, because he shares NEHI's values when it comes to promoting quality health care," said Kennedy. "He is looking forward to getting back to Washington so he can continue to fight for a better system."



**Dr. Jon Kingsdale**, Executive Director of the Commonwealth Health Insurance Connector Authority, stressed in his keynote the importance of tackling health care costs in order to make health care more affordable.

## NEHI Roundtable: The Impact of Comparative Effectiveness Research on Innovation

Is comparative effectiveness research (CER) about to be legislated? If so, what will this mean for innovation across the U.S. health care system?

These are the big questions that NEHI members are tackling. CER – the rigorous comparison of one health care intervention with another – has gained considerable traction in Washington recently, with policymakers and presidential candidates considering the expansion of federal support for CER to improve health care quality and cut costs.

### **Expert Input: CER and Innovation**

NEHI's objective is to explore the potential impact of expanded CER on innovation in the health care system. To do this, NEHI solicited views on CER and innovation from **over 60 experts** from a wide range of stakeholder groups. The process culminated on October 7th with an **Executive Roundtable** of 23 senior thought leaders, including **Dr. Joseph Heyman**, the current chair of the American Medical Association; **Dr. Steve Pearson** of America's Health Insurance Plans and the Institute for Clinical and Economic Review; **Dr. Scott Gottlieb** of the American Enterprise Institute; **Jeff Allen**, executive director of the Friends of Cancer Research; **Richard Bergstrom**, executive director of the Swedish Pharmaceutical Association; and several NEHI members. **Clifford Goodman** of the Lewin Group facilitated the discussion.

### **Timing Is Everything**

Nearly all cross-sector Roundtable participants expressed general support for **CER as a valuable tool for promoting evidence-based medicine**. But patient, provider and manufacturing leaders cautioned that new CER programs could inhibit innovation unless they are carefully designed. **The timing of CER studies** is one major issue; since medical innovations often demonstrate their highest value after a period of utilization in the marketplace, valuable market experimentation could be curtailed by premature CER studies.



However, CER proponents argued that **CER studies could provide a valuable 'downstream' signal for innovation** by generating better

*Boston Globe*, October 25  
[Read](#)

### **Names: Healthy Celebration**

*Boston Globe*, October 25  
[Read](#)

### **Breaking the cycle of waste in healthcare**

**By James Roosevelt, Jr.**  
*Boston Globe*, October 22  
[Read](#)

## NEW NEHI MEMBERS

### NEHI Welcomes New Board Member



**Cato Laurencin, MD, PhD**  
Vice President for Health Affairs; Dean, School of Medicine; Professor of Orthopaedic Surgery and Chemical, Materials and Biomolecular Engineering at the University of Connecticut

### NEHI Welcomes New Members

*We are pleased to welcome the following organizations as new members of NEHI:*



#### **Baxter**

Leadership: Robert L. Parkinson, Jr., CEO  
Sector: Pharmaceutical  
Mission: "To assist health care professionals and their patients with treatment of complex medical conditions"



information on poorly-met needs in the health care system.

### **Stay Tuned**

In a forthcoming white paper to be completed later this year, NEHI will expand on the issues of CER and innovation, assess areas of consensus among stakeholders, and suggest avenues for developing policy that promotes valuable CER and valuable innovation in tandem. The white paper will be the basis for a national policy forum on CER that NEHI will host in Washington, DC in early 2009.

### **NEHI Board Roundtable: Personalized Medicine**

Personalized medicine, its promise and opportunities for NEHI to contribute to its future course was the topic of NEHI's third and final 2008 board meeting on October 23.

**Mara Aspinall**, senior advisor at the Genzyme Corporation, cited several reasons for the timeliness of the issue, including improvements in diagnostic testing; low drug efficacy and high rates of adverse reactions across the population; and increasing interest in personalized medicine from the federal government. She also acknowledged several barriers to personalized medicine's fuller adoption, including the existing reimbursement system, physician resistance and regulatory challenges.

**Dr. Kathryn Phillips**, founder and director of the Center for Translational and Policy Research on Personalized Medicine at the University of California San Francisco, said she views these barriers as more intractable than Aspinall described, and suggested that NEHI's role might be to foster the kind of cross-sector collaboration for which the organization has become known.

During the discussion, several themes emerged regarding personalized medicine and possible areas for NEHI engagement, including policy issues relating to:

- **Reimbursement** – aligning incentives for appropriate product development, diagnosis, treatment and outcomes.
- **Data** – addressing the accuracy of testing, and creating more solid evidence of personalized medicine's promise.
- **Cost** – identifying ways to reduce unnecessary health care spending as a way to pay for personalized medicine.
- **Technology** – advancing technology infrastructure, including electronic medical records to support personalized medicine.
- **Advocacy** – playing a role in anticipated discussions of personalized medicine in Washington by engaging quickly following the election.

The board agreed that NEHI should proceed cautiously in pursuing personalized medicine and that it should be done in the context of its broader work on waste and inefficiency, health IT and/or managing chronic disease.

Headquarters: Deerfield, IL



### **Caritas Christi**

**Leadership:** Ralph de la Torre, President and CEO

**Sector:** Provider

**Mission:** "Regional health system of compassionate caregivers that embodies the spirit of Christ's healing ministry"

**Headquarters:** Boston, MA



### **Harvard Stem Cell Institute**

**Leadership:** Brock Reeve, Executive Director

**Sector:** Academic Research

**Mission:** "To fulfill the promise of stem cell biology as the basis for cures and treatments"

**Headquarters:** Cambridge, MA



### **McKinsey and Company**

**Leadership:** Ian Davis, Managing Director

**Sector:** Professional Affiliate

**Mission:** "To help leaders make distinctive, lasting, and substantial improvements in performance"

**Headquarters:** New York, NY



### **Organogenesis**

Following further discussions with NEHI's Program and Policy Task Force, the board will consider a recommendation on NEHI's role in personalized medicine in early 2009.

## NEHI Members: In Their Own Words

With the election season coming to a close this week, NEHI asked a collection of its cross-sector members the following question:

***What is the most important health care issue facing your company and your sector of health care, and what should the new Administration and Congress do to address it when they take office next year?***



**Joe Gentile**  
*Vice President & General Manager  
Becton, Dickinson and Company*

It is critical that the next Administration and Congress enact a health care reform plan that expands access, improves quality and reduces the overall cost of health care through innovation and efficiency. An effective reform plan should encourage the use of innovations in diagnostic technologies that can improve quality care and reduce cost. Examples include diagnostic tests that ensure a drug's safety and efficacy and technologies that reduce hospital-acquired infections by screening patients who may be colonized with drug-resistant pathogens.



**Charlie Baker**  
*President & CEO  
Harvard Pilgrim Health Care*

At the risk of over-simplifying, I'd offer up these four national policy ideas – all of which seem to have pretty broad ideological support:

- Encourage Medicare to pay more for primary care, and less for specialty care.
- Start doing some Medicare demonstrations in which Medicare pays for clinical outcomes and not simply for volume.
- Fix the relationship between Medicare and Medicaid for low-income seniors who qualify for both programs.
- Make living healthier lives a priority.



**David Torchiana**  
*Chairman & CEO  
Massachusetts General Physicians Organization,  
Partners HealthCare System*

The Congress and Administration could do three things toward solving the most important issue: the cost of health care. First: create an environment that encourages aggregation of physicians and adoption of health information technology by providers and hospitals – infrastructure that sets the stage for long-term improvements in efficiency and reliability. Second: offer payment systems

Leadership: Geoff MacKay,  
President and CEO  
Sector: Biotechnology  
Mission: "To take complex,  
living therapies from  
research and development,  
through manufacturing, to  
successful  
commercialization"  
Headquarters: Canton, MA

## Scientia Advisors

**Scientia Advisors**  
Leadership: Harry Glorikian,  
Managing Partner  
Sector: Professional Affiliate  
Mission: "To help the world's  
best and most innovative life  
science companies make  
decisive improvements in  
their direction and  
performance"  
Headquarters: Cambridge,  
MA

that reward coordination of care for the chronically ill patients that consume a disproportionate part of overall spending. Third: relax regulations that limit the ability of non-MD/RN providers to deliver medical care. Appropriately managed/trained personnel at the level of an army Corpsman could deliver many routine medical services at a far lower cost while freeing up more costly, scarce primary care doctors and nurse practitioners to deal with what they are uniquely trained to do.



**Don Gudaitis**  
CEO  
*American Cancer Society  
New England Division*

The American Cancer Society cannot reach the goals we have set for reducing cancer incidence and mortality without all Americans having access to quality care. More and more data point to far worse outcomes for un- and underinsured Americans with cancer than for those with health insurance, even when the insured have later stage cancers. All Americans should have access to cancer prevention and early detection screenings; we know thousands of lives are lost unnecessarily and we are losing a huge opportunity to save on health care costs. Finally, on tobacco, we need FDA regulation. Congress has come close to that – it's time to get it done now.

## NEHI's Fleishman Named to Boston Business Journal's "40 under 40" List

NEHI Executive Director Valerie Fleishman has been named to the *Boston Business Journal's* distinguished "40 Under 40" list, recognizing outstanding young professionals whose business successes and community contributions have established them as leaders to be watched in their fields.



### New England Healthcare Institute

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