

NEHI News – Spring 2009

Dear NEHI Members and Friends:

I'm sure you feel, as I do, that there's never been a more exciting time to work in health care, with the potential for significant change greater than ever before. NEHI is making its voice heard in shaping health reform – and in keeping our members apprised of what the changes will mean to them. That will be the focus of our Annual Meeting on April 29 – we hope to see you there.



All the best,
Wendy Everett
President

NEHI's Annual Meeting to Provide Diverse Perspectives on Health Reform

NEHI's Annual Meeting on April 29 will feature an interactive forum on "Navigating Health Reform: How Today's Policies Will Impact Tomorrow's Health Care." **Dr. Timothy Johnson**, the medical editor at **ABC News**, will moderate the event, which will include an update on health reform prospects in Washington by **David Bowen**, Staff Director for the **U.S. Senate Health, Education, Labor and Pensions Committee**, and provide sector-by-sector perspectives from panelists representing the broad spectrum of NEHI's membership:

- **John Fallon, MD**, Chief Physician Executive, **Blue Cross Blue Shield of Massachusetts**
- **Brent Pawlecki, MD**, Corporate Medical Director, **Pitney Bowes**
- **Eve Slater, MD**, Senior Vice President, **Pfizer**
- **David Torchiana, MD**, Chairman and CEO, **Massachusetts General Physicians Organization**
- **Charlotte Yeh, MD**, Chief Medical Officer, **AARP Services**

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UPCOMING EVENTS

CER Policymakers
Working Session
April 22, Invitation Only

Annual Member Meeting
and Reception
April 29

Webinar:
Telemedicine and Chronic
Disease
May 21

For more info or to RSVP,
visit [NEHI Events](#).

EVENT PHOTOS

**Health Reform and the
First 100 Days**

February 3, 2009



For more information and to register for the NEHI Annual Meeting, visit www.nehi.net/events.

Comparative Effectiveness Research: Bane or Boon for Innovation?



NEHI is preparing to publish an important white paper titled *Balancing Act: Comparative Effectiveness Research and Innovation in U.S. Health Care*, which provides federal policymakers with recommendations to sustain innovation while implementing a CER program. The paper will be released in advance of a stakeholder discussion with key federal policymakers on April 22 in Washington, DC. This invitation-only event will provide stakeholders with

the opportunity to share their perspectives with the Institute of Medicine – one of the agencies charged with shaping CER policy – on how best to sustain innovation as CER is implemented.

For more information on the stakeholder discussion or the forthcoming white paper, visit www.nehi.net or contact Senior Program Director [Tom Hubbard](#) at 617-225-0857.

Update from Washington

As health reform moves to center stage in Washington, NEHI has committed to playing a key role in informing the unfolding debate on the critical issues of waste and innovation in health care.

In the first months of 2009, Wendy Everett has met with key public policy leaders including aides from the Senate Finance Committee, and private policy leaders from organizations such as the Institute of Medicine, the Leapfrog Group and the National Quality Forum. Outside of Washington, Everett took part in the White House Regional Forum on Health Reform in Burlington, VT last month, which featured Massachusetts Governor Deval Patrick and White House Office of Health Reform Director Nancy-Ann DeParle.

Meanwhile, Everett's recent oped piece in the *Atlanta Journal-Constitution* on eliminating wasteful spending in health care prompted Rep. Tim Murphy (R-PA) to enter NEHI's waste report into the congressional record at a hearing of the House Energy and Commerce Committee's Subcommittee on Health.

Nationwide CPOE Adoption Boosted by Stimulus Bill

NEHI, in partnership with the Massachusetts Technology Collaborative (MTC), has taken its groundbreaking patient safety campaign to Washington. On the heels of our success in driving

Tufts Health Plan's James Roosevelt, Jr., NEHI's Wendy Everett, LMI's Jules Delaune, Massachusetts Hospital Association's Lynn Nicholas

[View all](#)

QUOTE OF NOTE

"The old model, where every sector worked in its own silo, will no longer work if we want to achieve true health reform. Each sector must be at the table, not only to make it happen, but to do so in a way that truly revolutionizes the system."

— NEHI Executive Director **Valerie Fleishman** at the Transforming Healthcare Summit, co-sponsored by NEHI on February 26, 2009 in Boston

NEW NEHI MEMBERS

Deloitte.
Deloitte

Leadership: Barry Salzberg, CEO
Sector: Professional Affiliate
Mission: "To help our people and our clients excel."



DePuy Mitek

Leadership: Ian Lawson, Worldwide President
Sector: Medical Device
Mission: "To improve patient quality of life by creating innovative, minimally invasive joint mobility therapies."



National Pharmaceutical Council

Leadership: Dan Leonard, President

adoption of Computerized Physician Order Entry (CPOE) in Massachusetts last year, NEHI turned its efforts to informing federal policymakers of the benefits of CPOE in preventing costly and deadly medication errors. The campaign bore fruit: The 2009 American Recovery and Reinvestment Act, also known as the Stimulus Bill, provides financial incentives for hospitals nationwide to adopt electronic health records capable of providing clinical decision support and physician order entry, the two key elements of our CPOE initiative.

“We are well on our way to full adoption of CPOE by Massachusetts hospitals,” said Wendy Everett. “Now, thanks to federal policymakers’ commitment to improving patient safety, a critical first step has been taken to ensure that every patient in the nation can benefit from this lifesaving technology.”

NEHI Member Spotlight: Harvard Stem Cell Institute

An Interview with Executive Director Brock Reeve



What is HSCI’s particular focus in advancing the relatively young area of stem cell research?

The HSCI is a collaboration of world-class scientists from Harvard University and its affiliated hospitals, dedicated to harnessing stem cells for new clinical treatments – whether stem cell therapies or therapies found by using stem cells. The primary goal of the HSCI is to move basic biological discoveries from the lab bench to new treatments for cancer, diabetes,

neurodegenerative diseases and cardiovascular diseases. Ours is a cell-based approach that focuses on regeneration and provides a new way of getting at the root causes of degenerative diseases.

To achieve these goals, the HSCI uniquely involves teams of collaborative and cooperative scientists, bridging the university and affiliated hospitals with activities that extend beyond the purview of a typical academic department. Such activities include the funding of research, facilities and programs across institutional boundaries, in-depth exploration of the multiple social, political, religious, ethical and financial issues that surround stem cell research, and active engagement in public policy issues and public education. This is not the one lab “silo” approach of the past.

You have said that you view your leadership at HSCI as a “very personal commitment.” Can you describe the impact of your personal experience on your ambitions for HSCI?

All of us are affected in one way or another by diseases that stem cell science is trying to cure. One of my brothers [Christopher Reeve] died from complications of spinal cord injury, his wife [Dana Reeve] died from cancer, my father-in-law died from complications

Sector: National Association
Mission: "To conduct, support and disseminate research for health care decision makers and public and private payers on behalf of the research-based pharmaceutical industry."



Navigenics

Navigenics

Leadership: Mari Baker, CEO

Sector: Diagnostics

Mission: "To improve health outcomes by informing people of their genetic risks and motivating them to take action."



National Organization for Rare Disorders (NORD)

Leadership: Pater Saltonstall, CEO

Sector: Patient Organization

Mission: "To build a better world for people affected by rare diseases."



PitneyBowes

Leadership: Murray Martin, CEO

Sector: Employer

Mission: "To provide leading-edge global, integrated mail and document management solutions for organizations of all sizes."

[See all NEHI Members](#)

stemming from Parkinson's disease. So I personally share the urgency that patients and their advocates have in finding cures and treatments.

At the same time, as a business person, I am motivated to establish the success of HSCI's new business model. By being able to go from early stage research to the clinic under one roof, and by being able to set up flexible cross-disciplinary teams, HSCI should be able to accelerate research in a way that no single institution or company could do on its own.

The Obama administration recently lifted restrictions on federal funding for research on new stem cell lines. How will HSCI's work be impacted by this policy change?

We are tremendously heartened by this action – it means a great deal for the day-to-day conduct of the research, as federal funds can now be used, for example, to work on the 60 embryonic stem cell lines that HSCI created using private money. This will give a huge acceleration to the field. However, it does not remove restrictions established by the Dickey-Wicker Amendment, the 1996 ban on the use of federal funds to create new embryonic stem cell lines for research purposes. That would require a legislative act. Obama's executive order has made us more optimistic that other institutions around the country will now become more actively engaged in stem cell research. It will also give private donors and foundations reassurance that their money will be leveraged by the government – the single biggest funder of early stage science.

NEHI represents the full spectrum of health care. What is the importance of stem cell research across each of these sectors?

Patient advocacy groups have been instrumental in pushing the field forward in the absence of government funding. Payers have not yet become actively engaged, but probably will as therapies develop.

Providers have extensive basic research efforts; as cell-based therapies develop, they will be able to offer therapies as off-the-shelf allogeneic products or as custom, autologous therapies. Research hospitals have large, early stage research programs and a connection to patient populations whose issues can drive that research. For example, we are currently funding a pre-clinical trial for a stem cell based therapy that resulted from a pediatric surgeon trying to solve an immediate clinical need.

Based on the fact that U.S. health care costs are rising, that pharmaceutical solutions have been constrained by dealing with the symptoms and not the causes of diseases, and that stem cells promise to get to those underlying causes, stem cells



have the potential to fundamentally change the economics of treating disease.

Stem cell research has been a lightning rod. How does HSCI navigate the intersection of science, politics and ethics while advancing its research?

HSCI has a program in Ethics and Public Policy to foster interdisciplinary education and public discussion of the ethical and policy implications of stem cell research. Two years ago, for example, we held an open public forum at Harvard Divinity School on the perspectives on stem cell research held by different religions. Last year there was a course at Harvard Law School on stem cell policy. And this summer, HSCI is co-hosting with Case Western Medical School a week-long course on stem cell bioethics.

How has the partnership with fellow NEHI member GlaxoSmithKline helped to advance HSCI's work?

Partnership with the commercial sector is critical to HSCI's goals of bringing therapies to market; we can't do so on our own in terms of time, resources and skills. Three years ago, realizing that stem cells could be tools as well as therapies, HSCI set up a Therapeutic Screening Center to use cells to help find drugs. The commercial sector has realized the potential of this approach, and the GSK partnership is an example of how pharma companies see that better in vitro models of disease will help them find better biologics and chemical compounds more effectively.

When will you know that HSCI has achieved its mission?

Our ultimate goal is to cure all of the diseases we are targeting – cancer, diabetes, kidney disease, ALS, spinal cord injury, etc. Before that, our goal is to cure a patient of one of those diseases. Before that, it will be identifying a drug that slows down or halts the progression of one or more of these diseases. Before that, it will be creating specific in vitro disease models that enable that discovery. Like any start-up organization, HSCI will accomplish its mission in phases.

NEHI in the News

[“NQF Forum Focuses on Battling Waste with Quality”](#)

Modern Healthcare, March 30, 2009

[“Wise Spending Best Medicine”](#)

Atlanta Journal-Constitution, March 3, 2009

[“CPOE Adopters Need Long-term Support for Success”](#)

Modern Healthcare, January 29, 2009

[“Study: Savings from Home Monitoring”](#)

Health Data Management, January 28, 2009

One Broadway | 12th Floor | Cambridge | MA | 02142

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