

## Special Video Report Transcript

Headline: Wendy Everett of NEHI Discusses How New Technologies Can Improve Care, Cut Costs

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Wendy Everett, founding president of the New England Healthcare Institute

"I'm Wendy Everett, and I'm the founding president of NEHI. NEHI is a national health policy organization that began regionally in New England, but now we've expanded nationally and have offices here in San Francisco, in Washington and in Cambridge. We look at innovation, innovation in health care that's directed to not only improving the quality of care but also reducing its cost."

"Technology has the promise to be a very important innovation to enable us to practice better evidence-based medicine. So technology, per se, isn't the magic bullet, but it's an opportunity for us to overcome our human failings and have a systematic way to really improve the quality. If we improve the quality of health care, cost reduction generally follows. So for example, if we're able to help people manage severe chronic illnesses, such as congestive heart failure, at home, that prevents a very expensive hospitalization."

"One of the innovations that NEHI has looked at is tele-ICU. We worked with the University of Massachusetts Memorial Health Center and two community hospitals to evaluate both the improvement of quality and the reduction of cost, using remote monitoring of patients in the ICUs by critical care physicians. The results were beyond our wildest dreams, particularly in community hospitals. We were able to demonstrate that using tele-ICU or remote monitoring in the academic medical centers, they reduced mortality by 20%. They reduced their length of stay by two days. And they saved roughly \$5,000 per case. The results were every bit as good in the community hospitals, and in one of those community hospitals, the physicians were not enthusiastic about this technology. There, we were able to see a 30% reduction in mortality and about a 25% retention of patients who were able to be cared for in their community rather than having to be transferred to an academic medical center. This saved \$10,000 per case, and it's wonderful for the patients and their families, because they then don't have to travel."

"A lot of times, you'll get enormous resistance, really to a change in the practice of medicine or a change in the practice of nursing care. People are used to doing things the way they were trained to do them. So this has really made us think about how do we go

one or two levels down and change residency in medical school and nursing school and interdisciplinary education so that people are open to the idea of new technologies."

"A second critical barrier is often the cost, and the people in our hospitals are geared towards saying, 'What is the upfront cost or the capital cost or the training cost?' They haven't been given a very robust return-on-investment analysis that allows them to see and understand what the net benefit will be to them over time. So one of the things that NEHI always includes in the work that we do is to use PricewaterhouseCoopers or Deloitte or one of the outside, good audit consulting firms to come in and look at both the cost of the capital acquisition of the technology or the implementation cost and then to track that against the savings over a year or two years. That way, we're able to give really substantial and factual information to decisionmakers and, in some cases, to policymakers, who then can help us speed the adoption of these valuable innovations."