

Fixing Healthcare Episode 7 Transcript:

Interview with Dr. Devi Shetty

- Jeremy Corr: Hello and welcome to season two of Fixing Healthcare with Dr. Robert Pearl and Jeremy Corr. I am one of your hosts, Jeremy Corr. I'm the host of the popular new books and medicine podcast and I have with me my co-host, Dr. Robert Pearl. For 18 years, Robert was the CEO of the Permanente group, the nation's largest physician group. He's currently a Forbes contributor, a professor at both the Stanford University School of Medicine and Business and authored the bestselling book, "Mistreated: Why We Think We're Getting Good Healthcare-- And Why We're Usually Wrong."
- Robert Pearl: Hello everyone and welcome to season two of our monthly podcast aimed at addressing the failures of the American healthcare system and finding solutions to make it once again the best in the world. In season one, our guests were chosen for their expertise within the current healthcare system. Their bold plans drew thousands of listeners and sparked a national debate. The best and the boldest of their ideas were part of the first ever Fixing Healthcare survey, which you can visit on my website, www.robertpearlmd.com.
- Robert Pearl: Please go there to check out the results and add your own comments, which we'll be sharing on-air throughout this second season. Stay tuned to the end of this episode when Jeremy will read some of the comments from the survey and I'll provide my thoughts around them. This season we'll be welcoming guests who come to us from outside of the medical mainstream. We're looking for new, unconventional ideas and practical strategies for making change happen.
- Jeremy Corr: Our guest today is the cardiac surgeon, entrepreneur and disruptor, Dr. Devi Shetty. He's the chairman and founder of Narayana Health, a chain of 21 medical centers in India. He has performed over 15,000 heart operations throughout his career and is committed to making healthcare as affordable as possible. Today he provides cardiac surgery for less than \$1,800 on a case compared to over \$150,000 in the United States with results that match or exceed the best American facilities. Recently, Dr. Shetty opened a hospital on Grand Cayman, a beautiful tourist island, and just a one-hour flight from Miami. Will this stunning facility become a high quality, low cost alternative to America's expensive and underperforming hospitals? To anyone who thinks the American healthcare system is the best in the world, you will be surprised by what you hear today. Dr. Shetty, welcome to the show.
- Devi Shetty: Thank you very much, thank you.
- Robert Pearl: Devi, I have followed your success for the past several decades. I know that you and your team had been providing excellent medical care with better quality, technology and affordability than we can find almost anywhere in the United States. As you know, American healthcare is struggling. Healthcare costs are

50% higher than any other nation. Our outcomes rank last amongst all industrialized countries. Patients and doctors are growing increasingly dissatisfied with today's care delivery model.

Robert Pearl: We'd like to give you 10 minutes or so to describe your experience, insights and approaches to healthcare. I'll then use my background as a physician and healthcare CEO to help listeners determine what we might apply here in the United States. Jeremy will then dive in from the patient's perspective, ensuring the concepts are clear and any medical jargon that you and I use has been translated into normal conversational language. Dr. Shetty, I can't wait to hear ideas. Please let us know your best thoughts.

Devi Shetty: The first thing is, I would like to tell you, Robbie, if the solution is not affordable, it is not a solution. There is no point in me talking about all the advances in heart care or cancer care if 90% of the world's population cannot afford it. I used to work for the National Health Service of United Kingdom, NHS, which it's famously known as. And I left England in 1989. That's nearly 30 years ago, and I came back to India. I did my first heart surgery in Kolkata, and the patient paid \$2,000 for the heart surgery. Thirty years later, we are doing the same heart surgery for, let's say \$1,200. Robbie, tell me, what was costing \$2,000 in healthcare? Thirty years later, it's costing \$1,200.

Devi Shetty: We worked very, very hard because our government, unlike your government, spends just 1.1% of the GDP on healthcare. So our patients buy food, they buy everything they want, everything they have to pay for and they have to buy healthcare, as well. So, we all worked very, very hard and brought the cost of healthcare down to this level. The same agency that clears your hospitals for quality, it clears our hospitals, as well. So, we believe that cost of healthcare must come down so that everyone on this planet can afford it and it is possible. It is possible, provided we change the way we're delivering healthcare. We have to depend on technology and magic will happen, Robbie.

Robert Pearl: All right. Devi, thank you so much and I agree completely that if healthcare is not affordable, patients can't access it and outcomes will suffer. You've addressed this problem in India. You're in the process of addressing it through your hospital in the Grand Cayman Islands. And we, as the United States, we'll be forced to do this as today healthcare expenditures are the No. 1 reason families in the United States go bankrupt. Let's go through various pieces. Tell me how you make your care so efficient in India today, and achieve outcomes that are better than 95% of American hospitals.

Devi Shetty: First thing is, we build large hospitals in the sense as we do more operations. Your health gets better because we are, after all, technicians. As we do more operations, we do it better and the outcome is better. For your information, 12% of the heart surgeries done in India, are done by us. To give you an understanding about what that 12% is, all the heart hospitals are National Health Service of UK, NHS of UK. They do about 30,000 heart surgeries every

year. And last year, we did the 17,000 heart surgeries at a price which is perhaps a rounding-up figure of what National Health Service of United Kingdom spends.

Devi Shetty: So, when we do large number of procedures, we're able to structure the materials at a lesser price and since people are doing only one type of procedures, on the heart, and obviously they get better at it, and your ICU stay goes down. And also we believe that technology can make a big, big difference in the way healthcare will be delivered. And right now we are not looking at a cost reduction. What we're looking at is making healthcare simple for the patient. I'll tell you why we took this approach.

Devi Shetty: Some time ago I read a book written by a gentleman called, if I'm not mistaken, Peter [Paul] O'Neill who was the CEO of ALCOA, American aluminum company. And he talked about the behavior called the keystone habit. We tried hard to bring down the cost of heart surgery and, in the future, you see how to reduce the cost of healthcare. We should not talk about cost reduction. We should talk about making healthcare simple for the patients. Then automatically your costs will go down. I'll give an example, everyone thinks hospitals are safer for the patients. It is not. If 200 patients get admitted to American hospitals, which are perhaps some of the safest hospitals on the planet. If 200 patients spend one night in an American hospital, one in 200 dies due to medical error, not medical negligence. Getting admitted to an American hospital is 10 times riskier than skydiving.

Devi Shetty: The British Medical Journal one of their articles recently said that, "Medical error is third commonest cause of death in the United States." If that is the case, you can just imagine, what is the situation of medical error outside U.S.? It must be horrendous. Now, if we all try to digitize healthcare, if we insist on using very, very user friendly, very, very intuitive and responsive electronic medical records, which are available on a mobile phone, not on a desktop, which is available to all the doctors, mortality and morbidity in the hospital can come down by at least 50%. The Joint Commission of the U.S., in the one of the recent reports, mentioned that 65% of the sentinel events happening in the hospital, which generally leads to death, is due to communication failure.

Devi Shetty: What is communication failure? Communication failure is a patient comes back from the operating room, gets a chest X-ray done and the chest X-ray remains in the desktop, and the doctors don't see it on time because patient is stable. But after three hours when the patient is unstable because of the internal bleed, they see the X-ray and they notice there was half a liter of blood in the chest. And they reassure the patient stopped bleeding. Yes, they have done what was required but they did it three hours late. And the 80-year-old man if he loses to one liter of blood, believe me, he will die due to some of the complications.

Devi Shetty: In healthcare, in the hospital, problem is not because doctors ignore the patients. They do everything that is required, but they do either half an hour or four hours later. We have to get the electronic medical records designed for the mobile phone. Of course, this can be watched on the desktop. Today all the

billion-dollar electronic medical records you are using in the United States, they're all designed for the desktop. Of course you can view it in a mobile phone, but if you say, it is a very Herculean task to make sense out of it because it's not mobile friendly. What you have to realize that doctors look at the desktop only five to 10 times in a day. But doctors look at their mobile phone 200 times in a day.

Devi Shetty: We have designed our electronic ICU software based on a platform created by Microsoft called Kaizala. So, every patient in ICU following heart operation, about 25 doctors are taking care of the patient. We all come in the group, like a WhatsApp, which is a very popular tool, but the difference between WhatsApp and Kaizala of Microsoft is that Kaizala is secure. It is HIPAA compliant. The data stays in our cloud. It doesn't belong to Microsoft. All of these 20 of the doctors can interact with each other around the clock.

Devi Shetty: We have 70 million diabetics in India, we're the diabetic capital of the world. And we have only 600 trained diabetologists. So now with the Kaizala diabetic app, we tell the diabetic patients that this is your app in your phone, you have all your data and we also have your medical data. Anytime that sugar goes up and down, you send us the photo of your glucometer, that's all.

Devi Shetty: And our diabetic counselor looks at the reports, she then looks at what medications the patient is taking and she consult the diabetologist and calls the patient or send a message about changing the medication. So now we tell our diabetic patients that, "You need to come to the hospital just once a year. Rest of the time, any time the blood sugar goes up and down, you just let us know." We are as one group in one hospital, we're managing about 40,000 patients' diabetes, and over 10,000 of them are now getting treated online and this project is only a few months old.

Devi Shetty: So, essentially, by using technology healthcare will become accessible, it'll become affordable and it'll become safer. It's going to be a huge technological transformation and this technological transformation we believe will happen in countries like India or China or one of the developing countries, mainly because I give you a comparison: Amazon started five years before Alibaba, and Amazon ships everyday, if I'm not mistaken, about 3 million boxes they ship. And Alibaba today ships about 12 million products.

Devi Shetty: Alibaba is not smarter than Amazon. Amazon is serving a population, which is well served with the retail networks whereas Alibaba is serving China. If somebody wants to buy Nike shoes in China in a small town, only he can access is Alibaba. So, in a country like India, where there is a huge shortage of medical specialists, online healthcare will grow like crazy once we create a good connectivity with a very reliable roust network to protect the patient data. This will be an easy transformation, and we're very excited to be part of the entire revolution.

Robert Pearl: Devi, you described a classical disruptive approach. How do you provide care at a much lower price and ultimately with far higher quality. For the listeners, for whom your ideas are so revolutionary, I thought I would tell them a little bit about my experience watching you in action. I think your approach includes the ideas that volume and specialization are two powerful forces along with modern technology. The day I visited your facility in India, your teams did 37 heart surgeries, including a heart transplant with results that are better than 95% of the hospitals in the United States.

Robert Pearl: When I saw your facility in the Grand Cayman Islands, there was a video monitor at the entrance way in the administrative area that had as you described the time for a physician to make a change in a patient's order, not when they're having a cardiac arrest. That's always immediate. When they have a potentially threatening problem, and it was eight minutes and you told me you wanted to get that down to six.

Robert Pearl: I've seen your computer systems, the one in the Grand Cayman Islands, not a big computer but a iPad equivalent that physicians can carry from bed to bed with a patient's data appearing immediately in forms that allow the best clinical care to be provided, and if the computer is taken out of the hospital, all the data disappears. I don't know any electronic health record in the United States that is anywhere close to what you are providing. And as you described, the diabetes application that you've developed not only allows care to be provided to vast numbers of additional people, inexpensively, but it provides better convenience at higher quality for patients with diabetes than what is done in the United States today because it is continuous, it is not episodic.

Robert Pearl: For the listeners on the air, this is not about less good care, this is about better care. And I'll be speaking to the major purchasers a little later this year and encouraging them to consider the possibility of offering to their employees the opportunity to go to the Grand Cayman Islands for their surgery, not because it's less expensive, which it is, but because the quality and the outcomes will be more consistent and better. But with that as a background Devi, let me ask you a couple of questions, more foundational. I've heard you say that one of your jobs is to set a price for human life. Can you explain to the listeners what you mean by that?

Devi Shetty: I see about 60 to 80 to 100 patients every day in my clinic, and I do at least one or two major heart surgeries. And most of my patients are little kids sitting on a mother's lap. I examine that kid then I tell the mother that they know her baby has a hole in the heart and needs to go for an open-heart surgery. And she has only one question, "How much it is going to cost?"

Devi Shetty: And if I tell her that the heart surgery on her kid cost \$800, which she doesn't have, that is a price tag on that kid's life. She comes up with \$800, I can save her kid. If she doesn't have \$800, she's going to lose the child. This is what I do from morning 'til evening, putting price tag on human life. This is totally unacceptable. This can't go on. Something has to be done. How do we price a

product? Robbie, we are developing perhaps one of the most advanced electronic medical record tools in the world.

Devi Shetty: This is based on our own product called "Cura." Then it is based on a platform called Kaizala from Microsoft, and we are working with Bosch to provide the IOP so that the nurses in our hospital should not carry a pen. And we're investing heavily on this cloud based EMR, and we have a dream, Robbie. We want every hospital on the planet who doesn't have EMR to have this electronic medical record and at no upfront cost and they have to pay every time they use it on one patient per day. They just need to pay the price of one disposable plastic syringe per day. That is what it is going to cost them.

Devi Shetty: Now, why I kept it at one price of a disposable plastic syringe? Because as providers of healthcare, managers of hospital, when we do the costing of procedure, we don't add the price of plastic syringes because it's so cheap, it's a rounding-up figure. So, we want electronic medical records to be available to hospitals at that price. Now, how are we going to do it? When you can work attempting to buy, amazing things happen in the concept of trade. If I have developed a software to take care of my patients, and I paid for it because it is used for treating my patients. If I give you a copy of the software and I give the copy to every hospital on the planet, I can afford to give what I have without actually me losing it. This is what technology allows us to build: a world where there's surplus, there's plenty. We just haven't learned how to share it.

Robert Pearl: Your vision is absolutely beautiful. Most American companies see expanded volume as generating more profits, and you see it as being able to provide healthcare in ways that are higher quality and more affordable. Let me shift for a second, Devi, if it's okay with you. America has a problem called physician burnout. What happens is that in the United States today, physicians are not having the satisfaction and fulfillment of past generations.

Robert Pearl: The electronic health record is a major part of that, and there is no electronic health record in common use in the United States today that is actually oriented around clinical care rather than simply billing and that is what you are building for the world. But I'd like to at least ask you a few questions about mission. When I was in your hospital, what I saw is that you are able to provide, using your technology, profit and loss statements about how the hospital did yesterday and the day before. And rather than keeping this information simply in the hands of the senior executives, you share it broadly with your staff. Can you explain to listeners why do you tell people in your hospital how well it's doing financially?

Devi Shetty: Where there is no money, there is no mission. Money is like oxygen. Purpose of life is not oxygen, but without oxygen we don't live for more than three minutes. It is very important that every person involved in the care-giving process understands how much it costs for the particular service. So, we value the service, or if it is not required, if it is just not going to make a big difference, we may not order for a particular test. I give an example, we always like to share

our profit and loss account on a daily basis with the senior doctors involved in the patient's care, so that they understand where exactly we stand. For us looking at the profit and loss account at the end of the month is like reading a postmortem report. Patient is dead, there is nothing you can do about it.

Devi Shetty: Whereas looking at the profit and loss account on a daily basis is a diagnostic tool. You can take remedial measures. Every hospital on the planet today talks about reducing the cost, but very few of them really know how much it costs. We believe that unless the doctors are part of the mission, no matter what incentive structure you create, they're not going to enjoy the profits of their work. Typically, when a new hospital starts by a traditional corporate entity, the CEO of the group will address all the employees and the doctors. In the end, he would end up in a speech saying that, "This is a hospital we have built for the rich people but we have an obligation, we also take care of poor people."

Devi Shetty: Whereas when, me or one of my colleagues at just the start, at the beginning of the commissioning of the hospital, we tell our employees that we have built this hospital primarily for the poor people, but we also take care of the rich people. It's all about messaging. If the first priority is to take care of the poor people, when our employees, our doctors look at a poor man walking inside the corridor into our office, you don't look at him as intruder or a person who shouldn't be here. We look at him as our customer and he's the purpose of our business.

Devi Shetty: That dramatically changes your attitude of the employees and the people, then we realize that if we have to reduce the cost and make it affordable, we have to work 10 times harder than the others. We don't look at it as a stressful job, we look at it as a God-given opportunity to be with the family at the most difficult part of their life. When they're going through the most difficult phase of their life. We want to be there, holding their hand, making them feel comfortable.

Robert Pearl: That fulfillment, that satisfaction is so refreshing and so different than in the United States, where we have a third of our physicians depressed, and we have over 400 suicides a year. Again, for the listeners I want them to understand that the physicians on your staff are incredibly well trained. Many of them trained in England, trained in the United States, like yourself. They are physicians who could get jobs almost anywhere and they choose to work inside your hospitals, I believe, because of that mission-driven spirit.

Robert Pearl: I talked to a lot of people when I was there, and I didn't hear the kind of pessimism and negativity, as you point out, your physicians work six days a week because they want to provide that care and raise the value of a human life. I have to ask you a question, Devi, because your mission-driven spirit is so impressive. I know that you were the physician, the personal physician of Mother Teresa. I'm sure our listeners would like a few of your insights into that remarkable woman and the impact she had on your life.

Devi Shetty: I was operating in my hospital in Kolkata, and in those days there were no mobile phones, and a call came to the operating room and the caller said that if

I am free I should make a home visit to see a sick patient at home. And I told my anesthetist that, "Look, I won't come outside," and I told my anesthetist to convey a message that, "I'm a heart surgeon and I don't make home visits." Then the caller said, "He's requested Dr. Shetty to make a home visit because it may change, perhaps change his life." And this is what anesthetist told me and I said, "All right, if it is going to change my very life, I would love to visit." And then, when I went to the house then I realized that the patient was Mother Teresa, and believe me, my life has never been the same after I met her for the first time.

Devi Shetty: I am a doctor, I'm a scientist, it is very hard for a person like me to believe that someone else with flesh and blood like me can be like God and, and believe me, Mother, even though she was born as a human being, she was not like us. She's something beyond all of us, she was something totally divine and you could feel her divine presence when you are standing close to her. And the lessons I learned from her, the values she taught me, has really changed the way I looked at life. Her simplicity, her very different approach to her life in terms of just the sheer power of love. She just had only love nothing else to give to anybody. And, believe me, it was perhaps the best four years of my life.

Devi Shetty: I couldn't believe that one of her famous statements, which I have it in my office, one of her quotes, "Hands that help are more sacred than the lips that pray." And once I was doing the rounds in hospital and she was admitted, she was just recovering from mild heart failure and she used to accompany me when I was doing the rounds in the pediatric ICU. And after she saw me examining two or three kids, she looked at me and she said, "Dr. Shetty, I know why you are here." And I asked her, "Mother, why am I here?" Then she said, "When God created these kids with the hole in the heart, he realized that he did a mistake and he wanted someone to fix it, so he sent you here." And this is the best definition of what a pediatric cardiac surgeon is about. That was perhaps the best four or five years of my life. She's still alive in my memories.

Robert Pearl: Absolute beautiful, Devi. Absolute beautiful. Let me shift a little bit. In the United States, education is simply another business. People make a significant amount of dollars training individuals and in the same way that you approached healthcare, you've asked yourself the question, "How do we train an adequate global workforce in ways that are better than the past using technology and using redefined curriculum?" Could you tell the listeners your thoughts about education and some of the pilot programs you've already put in place?

Devi Shetty: The medical nursing, paramedical education, should come out of the edifices of the so-called buildings offering medical education to the bedside. Medical education should become what it was when it started as an apprenticeship. Then only you will get outstanding doctors, nurses, technicians with the great skills and a compassionate heart. Today, universities offer us the knowledge, but they don't offer the skills. If I want to train a bus driver, if I send him to a university, they will give him a 500-page book with the curriculum, all the contents, describing how the bus ignition system works, how the aerodynamics

work, but they never put him on a driver's seat and teach him how to drive the bus safely.

Devi Shetty: Whereas instead of sending him to the university, if I send him to a driving school to learn driving, he will come back after six months as a very well-trained, safe driver to drive the bus. This is what is required in the medical education. Our mission is to create a global medical university, which is virtual, which doesn't belong to any country or organization or to people. It is owned by the world like the WHO. And this university which is virtual has no building, it attracts the most talented academicians to write a curriculum, write the content, which is available online free of cost for anyone to learn.

Devi Shetty: And any busy hospital with 300, 400 beds, can become a center for offering medical nursing, paramedical education, and the global medical university should conduct online tests to evaluate the performance of each student, and these graduates should be allowed to practice their skill in a border-less world. Today, there are countries in Asia, which has thousands of children with complex heart problem, and they hardly have one or two heart surgeons who can operate on them. If I want to go to that country and operate, their medical council doesn't allow me to do that, saying that I'm not registered to work in that country. That is insane. If I am not trained person, of course they shouldn't let me.

Devi Shetty: So essentially what we have done, we have filled multiple trade unions, which doesn't allow free flow of skill, and we always try to keep a shortage based on so-called quality of medical nursing education, and in the process, everyone suffers. Something has to be done.

Robert Pearl: Devi, I know a few years ago you established a insurance program so that the poorest of farmers, could still get the surgical care they needed. And you did it in a capitated, a prepaid, way. Could you explain in more detail how that program worked?

Devi Shetty: Around 14 years ago there was drought in the state of Karnataka. As I said, our patients buy healthcare because our government spends, very, very small amount of money on healthcare. I have many friends that are in hospitals in tier two and tier three cities and in city of Bangalore. They all told me that the business is down because people have no money to buy the healthcare because there is no rain, there is drought. So, I thought about a scheme wherein, if all the poor farmers pay a small amount of money, something like 11 cents per month. 11 cents is the quantum of money farmers spend every day to smoke a local form of cigarette called bidi.

Devi Shetty: So, I thought if a farmer doesn't smoke one day, and that money he contributes to the scheme, of 11 cents, and if the government becomes the re-insurer, we can run a health insurance scheme, we can save for all these surgeries and this is exactly what has happened. We presented the scheme to the Karnataka state government, which always has progressive government who like all these new

ideas and they took it on. And in the first year to Karnataka state cooperative society, we have very strong cooperative society network, which deals with the farmers who sell milk, farmers who sell sugar cane, millions of members who are members of this cooperative society.

Devi Shetty: And through the cooperative society, we enrolled 1.7 million farmers who agreed to pay 11 cents per month for this health insurance and the health insurance will pay only for the surgeries. There are 650 varieties of surgeries done on the human body and all the surgeries are recognized to be done under the scheme. And we network with 400 hospitals across the state. Just because I conceived the idea of health insurance, that didn't mean that all the patients needed to come to me, they can choose to go to any hospital of their choice.

Devi Shetty: And interestingly, Robbie, at the end of our 12-15 years, 1.5 million farmers had varieties of surgeries. And over 150,000 farmers had a heart operation. All this happened just by paying 11 cents per month. Four people in isolation aren't very big, but together they are very strong. So amazing things can happen if we bring all the millions of poor people and offer them services which are essential for life. This is the lesson we learned.

Robert Pearl: For the surgeons who are listening, they tend to work in these very claustrophobic ORs with walls all around them. Could you describe for the listeners what your operating rooms look like in your hospitals in India?

Devi Shetty: Operation theaters in the western countries and, even in India, they have no windows. They have no windows because in good old days, Robbie, surgeons operated, as you know, only half a day, three days a week. We as surgeons operate from morning till evening, because that's all that we do and we work six days a week. Surgeons are creative people, Robbie, we're all artists. If you put an artist in a room without window, if he's not part of the nature, within two hours, they get jittery and the creativity will be lost. So, when we design our operating room, we create big windows so that we can constantly look outside.

Devi Shetty: And when it is raining we can see, when it is sunshine we can see. We are part of the nature.

Robert Pearl: Let me return back to the Cayman Islands. Americans have a very narrow viewpoint. We believe that somehow the sun revolves around the United States. We tell ourselves that the care that's provided is the best in the world and we rarely look beyond our borders, which is why I was so excited when you accepted our invitation to come on the 'Fixing Healthcare' podcast. For the listeners out there, I will tell them that I've seen a lot of academic institutions in the United States, a lot of hospitals in the United States, and I'm absolutely convinced that your surgeons are as good as the best that I've seen, if not better.

Robert Pearl: Your outcomes are as good as the best in the United States, if not better. Your IT systems are better, both your electronic health record and your ability to monitor operations that you report out to people. The hospitals themselves are beautiful, particularly the one in the Grand Cayman Islands, and for people who've never been there, it is one of the best tourist destinations, with a seven-mile white sand beach, they speak English, totally safe and absolutely gorgeous, and you do surgery there at a half of the price of the United States. When will Americans from Miami get on the plane for a one-hour flight to have their elective heart surgery done, to have their total joints replaced or their spine surgery done or even their cancers being cared for? When do you see this tipping point being reached?

Devi Shetty: Ultimately the economic reality and the data prevail. I'll first talk about the competence of our surgeons. In U.S., if a hospital is doing about 200 heart surgeries a year, it is recognized as a premium center, which can train heart surgeons, and one hospital at Harvard where I'm working, we do over 700 heart surgeries a month. And in U.S., a average heart surgeon in his entire professional career would have done about 2,000 to 3,000 heart surgeries. In his whole professional carrier. We have surgeons who have done the more than 2,000 to 3,000 heart surgeries and they're only in their late 30's or early 40's.

Devi Shetty: So, essentially, we're privileged position back in India because of the great opportunities to learn lot of things with lot of limitations. We believe that whenever we want to start a new project, we always tell ourselves that we have no money, but we want to do it. When you have millions of dollars in the bank, believe me, your brain stops working. When you have no money and you still want to do it, amazing things happen.

Devi Shetty: There is a very interesting quote from our ancient scriptures, called Upanishads, that says that when you're striving to do something for the welfare of the surviving, cosmic forces connive their way for you to succeed. Amazing things happen, you get help from places where you least expect it. In the end you succeed because your mission is to make this world a better place to live for all of us. This is how we believe that whatever we do, we will succeed.

Jeremy Corr: For people in the United States who are considering coming to Grand Cayman for a procedure, how are you going to convince them that they are getting the same quality that they could in the United States at such a reduced cost? For example, if I go to the store and I see a \$5 shirt at one store and I see a \$100 shirt at another store, I'm just automatically going to assume that \$100 shirt is much higher quality. What are you going to do to combat this perception and reassure people about the quality of outcomes you're providing?

Devi Shetty: Jeremy, there's a way we can do it. What we have done is, we accredit our hospital with the Joint Commission of U.S., which is a body which accredits American hospital. Like a regular patient cannot inspect how good our services are, how good our infrastructure is. Whereas a body called Joint Commission, which is the accrediting body, can certify. And we always get our hospitals

accredited by them, just to reassure Americans or whoever it is, that we maintain highest standards. Then they can go through our results, which is available for people to see. And, of course, there are patients who had similar the procedures done in the past, who can explain to them about their experience.

Devi Shetty: Today, it is possible in tradition of the individuals to have a very good idea about the performance and the outcome of most of the hospitals. It's not a mystery. But then, there's something called mind block. This is something that will take quite some time to address.

Robert Pearl: There's a community in California, particular city, where the cost of care is even higher than in the surrounding areas. And the city actually gives employees who choose to go to another hospital, in California at a distance, \$5,000 to do so. I could well imagine that large employers in the United States will offer their patients in the near future the same kind of financial incentives to come down to your facility in the Grand Cayman Islands and have surgery that they'll be able to see objective data around of higher quality, better technology, and more patient focused. What is your message to American physicians, Devi?

Devi Shetty: [Laughter] My message to Americans physicians is to visit our Health City in Cayman Islands and experience it themselves. Be our guests and see how the hospital runs and then they can make their own decision.

Jeremy Corr: Well, Dr Shetty, we've taken up a lot of your time today. Can you please provide a closing statement with takeaways for both industry leaders and for the average healthcare consumer?

Devi Shetty: I have a very simple message to the industry leaders of U.S. If healthcare has to get [inaudible] across the world, including developing countries, America has to change. If American healthcare doesn't change, believe me, the healthcare delivery model across of the world will not change because America is still the leader for all of us and we all look upon America as a leader, a pioneer, and a change agent. But unfortunately, whatever reason, America hasn't been able to make dramatic changes in the way healthcare is delivered. We would like the American healthcare leaders to change that and bring about a paradigm shift in the way they look at the industry.

Devi Devi Shetty: And once we all become part of this massive healthcare revolution, everyone will have a safer healthcare, affordable healthcare and accessible healthcare. And this can be done only if America wakes up to the reality and looks at healthcare in a different angle. Thank you.

Robert Pearl: Devi, thank you so much for being on our show. Your ideas are breathtaking in scope and will inspire listeners to embrace many of the opportunities you discussed. You're the first guest on this season two, and it's exceeded my

wildest hopes. You've opened our eyes to the fact that this is a global economy and that healthcare does not end at the borders of the United States.

Robert Pearl: Every other industry has experienced this globalization, American healthcare can't be far behind. I can't promise that we'll adopt all of your ideas, but if the United States can't learn from innovative experts like you and match your superior outcomes, your superior technology, both in India and the Cayman Islands, I can guarantee more and more Americans will be flying to your hospitals to receive their medical care.

Devi Shetty: Thank you so much.

Jeremy Corr: Next month in the second episode of season two of our show, our guest will be Chip Heath. Chip is a professor at Stanford Graduate School of Business teaching courses on business strategy and organization. He is the co-author, along with his brother Dan of four books, including "Switch: How to Change When Change is Hard." Their latest book, an instant New York Times and Wall Street Journal bestseller, "The Power of Moments: Why Uncertain Experiences Have Extraordinary Impact," was published in the fall of 2017. Chip will bring his expertise and insights from outside of the world of healthcare to the podcast and he will help us figure out what healthcare can learn from other industries about translating great ideas into practice.

Robert Pearl: Before we go, we're going to take a few minutes to hear your suggestions for Fixing Healthcare. After interviewing six of the top names in medicine during Season One, we wanted to know what you had to say, so we invited our audience to take the first ever Survey to fix American Healthcare, which can be found on my website, www.robertpearlmd.com. We received nearly 200 responses over the past month.

Jeremy Corr: Today we'd like to thank those of you who wrote in about tort reform, an essential ingredient for Fixing Healthcare. We heard from Karina who told us that tort reform, "Has to be on the list or none of the solutions for Fixing Healthcare will ever work." She says, "Doctors have to feel safe in order to stop practicing defensive medicine." Dan Thomas wrote us, calling for "a cap on medical malpractice claims." While Gary Nolan noted that, "It's often cheaper for doctors and insurance companies to pay fraudulent claims than to fight them."

Jeremy Corr: Gary suggested that, "Tort reform would also mean better defining malpractice." Robbie, can you provide the listeners with some of your thoughts on tort reform?

Robert Pearl: I agree with the listeners on this one. The current malpractice legal system is even more broken than the American healthcare system. Study after study has shown that malpractice concerns, the malpractice system, doesn't improve clinical quality or patient safety, all it does is raise the cost of medical care. And

when patients deserve compensation for the harm they've experienced, we know that as much as 40% of the awards go to the attorneys, not the families. Today countries like Sweden, Denmark, and New Zealand employ a no-fault approach to medical malpractice.

Robert Pearl: We believe that would be far better solution than the flawed system we have in America today. Once again, thanks to Gary Nolan, Dan Thomas, Karina, and everyone who participated in the survey to fix American healthcare. You can see their full comments on our website. We also invite you to visit robertpearlmd.com to leave your comments and we will read more comments on next month's Fixing Healthcare show.

Robert Pearl: Please subscribe to Fixing Healthcare on iTunes or other podcast software. If you like the show, please rate the show five stars and leave a review. Visit our website at www.fixinghealthcarepodcast.com. Follow us on LinkedIn and Twitter @fixinghcpcast. You can also find our personal social media accounts on the website and for additional information on other healthcare topics, please check out my website. We hope you enjoyed this podcast and will tell your friends and colleagues about it. Together we can make American healthcare the best in the world once again.

Jeremy Corr: Thank you for listening to Fixing Healthcare with Dr Robert Pearl and Jeremy Corr. Have a great day.