

RWJF initiative is based on research done at Dartmouth

Our health care in this country continues to fail us," announced Dr. Risa Lavizzo-Mourey, president and CEO of the Robert Wood Johnson Foundation (RWJF). The occasion was the June 2008 launch of a \$300-million initiative to improve the quality of health care across the country. "There are too many patients who don't feel engaged in their health care," Lavizzo-Mourey went on. "There are too many mistakes being made, too much miscommunication, and too much inequity."

Models: With the help of Dartmouth researchers and 14 diverse U.S. communities, the RWJF hopes to develop models for national health-care reform. To guide the initiative, the foundation commissioned a report from the *Dartmouth Atlas Project*. The report, drawing on Medicare enrollment and claims data, confirmed what Lavizzo-Mourey called "staggering inefficiencies." It also reinforced what many previous *Dartmouth Atlas* studies have shown—that income and race are important determinants of the care patients receive and that there are significant geographic variations in the delivery of medical care.

"The work underscores the critical importance of focusing reform efforts on the local delivery system," says Dr. Elliott Fisher, the principal investigator for the *Dartmouth Atlas of Health Care*, which is published by the

MEDIA MENTIONS: DMS

Among the people and programs coming in for prominent media coverage in recent months were two DMS researchers who examined the movie-watching habits of American teens. "A large proportion of American adolescents are getting early and regular exposure to violent movies," reported the *Washington Post*.



"Dr. James Sargent [left] a professor in the department of pediatrics at Dartmouth Medical School," coauthored a study showing that "almost 13% of the nation's estimated 22 million children between the ages of 10 and 14 are viewing extremely graphic depictions of violence in film. . . . Parents need to be much more careful about how their children consume violent media," Sargent told the *Post*. In the *Los Angeles Times*, "Keilah Worth [left], lead author of the study," was quoted as saying, "It's quite striking that 10-year-olds are watching these movies. . . . Ten years old isn't that far away from believing in Santa Claus." And *USA Today* noted that "even among kids who said their parents never let them watch such movies, 22.6% had seen at least one."



"New risk charts in a paper last month in the *Journal of the National Cancer Institute* provide a broader perspective than most of the risk calculators on the internet," wrote the *New York Times*. "They cover the risks for 10 causes of death and for all causes combined, while differentiating by age and among smokers, nonsmokers, and former smokers." To explain the charts, the *Times* spoke to "Dr. Lisa Schwartz, a coauthor of the paper and an associate professor of medicine at Dartmouth," who explained that "'these charts provide the information you need to understand a risk, and whether to consider taking some action to reduce it.'" (See page 18 for more on these risk charts.)



In an article analyzing rising health-care costs, *BusinessWeek* mentioned a study conducted by

DMS researchers on the use of robots to assist with surgery. A "study from Dartmouth-Hitchcock Medical Center points out that it's tough for most hospitals to earn back the price" of a surgical robot, reported the magazine. "A da Vinci robot costs \$1.5 million, and every time it is used in the operating room, some \$2,000 worth of parts must be replaced (for safety reasons). It takes a surgeon 12 to 18 months to learn how to use the machine, and a da Vinci operation usually takes longer than a hands-on procedure."

The *Los Angeles Times* asked "Dr. Gene Nattie, a professor of physiology at Dartmouth Medical School," to comment on a recent study showing a possible link between serotonin regulation and sudden infant death syndrome. The study found that "mice genetically engineered to overproduce the brain chemical serotonin died at an early age after developing symptoms similar to those of sudden infant death syndrome." Nattie told the *Times* that "the main impact is if you produce a very specific deficit in the serotonin system, you get a disastrous result. . . . That's why the paper is important. It's certainly a big step forward."



The *Ladies' Home Journal (LHJ)* recently honored a DMS psychiatry professor with a Health Breakthrough Award, for her work on post-traumatic stress disorder (PTSD). "While PTSD treatments had been evaluated in studies on male veterans, no one had done large-scale definitive research on the most effective PTSD treatment for female veterans and active-duty personnel," explained the *LHJ*. "Then, in February 2007, Paula Schnurr, Ph.D., . . . published groundbreaking research in the *Journal of the American Medical Association*." Schnurr talked to the *LHJ* about her use of present-centered therapy to help female veterans. "With just 10 weekly 90-minute sessions, we improved their symptoms," says Dr. Schnurr. . . . "It was a joy and a relief to have really good evidence that this treatment could make a difference."



A N D D H M C I N T H E N E W S

“Do eight glasses of water a day have health benefits?” wondered *Nutrition Action Healthletter*. To find out, the newsletter conducted a Q&A with Dr. **Heinz Valtin**, an internationally recognized expert on water balance and the kidneys. Valtin is a physician and professor emeritus and former chair of the Department of Physiology at Dartmouth.”



Valtin said that he had “searched for 10 months with the help of a professional librarian. There wasn’t a single paper that gave any scientific support to this recommendation.”

Water consumption also came in for coverage in the *Wall Street Journal*, which mentioned that “Heinz Valtin of Dartmouth Medical School discussed these studies and more in a seminal 2002 article in the *American Journal of Physiology*.”

“Research conducted by the *Dartmouth Atlas Project*,” reported the *New York Times*, has shown that “race and place of residence can have a staggering impact on the course and quality of the medical care a patient receives.” The research, noted the *Times*, “was commissioned by the nation’s largest health-related philanthropy, the Robert Wood Johnson Foundation, which . . . planned to announce a three-year, \$300-million initiative intended to narrow health-care disparities across lines of race and geography. . . ‘In U.S. health care, it’s not only who you



are that matters; it’s also where you live,’ wrote the study’s authors, led by Dr. **Elliott Fisher**.” The *Wall Street Journal*, which also covered the initiative, mentioned that it “aims to improve health care—and reduce disparities—in regions including Detroit, Cincinnati, and Memphis, Tenn.” (See page 20 for more on this initiative.)

Fisher got tapped for commentary on a Granite State story, too, when New Hamp-

shire Public Radio reported that expansion plans are being proposed by a number of hospitals around the state. “Officials at these hospitals say they need to expand and renovate to keep up with changes in the health-care world. But Dr. **Elliott Fisher** of Dartmouth Medical School doesn’t agree. ‘I think there’s every reason to be skeptical about the need for this construction.’” Fisher worries that “all the new construction will lead to higher health-care costs, without necessarily producing better outcomes. . . ‘My guess is if you look carefully at the applications, the services that are being expanded have the highest profit margins.’”

“Rise seen in medical efforts to treat the very old” was the headline on a recent feature in the *New York Times*. Among those quoted was “Dr. **David Goodman**, a coauthor of the *Dartmouth Atlas of Health Care*, which has



studied the last two years of life.” Goodman told the *Times* that “there is much research suggesting that most aggressive treatment of late-stage chronic diseases does not actually prolong life and can actually

decrease its quality.” The same research was mentioned on the *NewsHour with Jim Lehrer*, when a correspondent referred to “the *Dartmouth Atlas Project*, an ongoing research program that . . . said more care does not result in better care or better outcomes.”

The *Chicago Tribune* mentioned the *Dartmouth Atlas Project*, too, in an article about health-care costs. The *Tribune* noted that “journalist Shannon Brownlee’s argument that . . . over-treatment is to blame not only



for high costs but for often making us more sick . . . relies on landmark research done by Dr. **John Wennberg**, director emeritus of Dartmouth’s Institute for Health Policy and Clinical Practice. He showed convincingly

that there isn’t necessarily a link between the availability of medical services and what we actually receive, explaining why people in comparable areas may receive far different care.”



According to the *Wall Street Journal*, “The now-\$4-billion global market for coated stents has been damaged by concerns that



first-generation devices elevate the risk for dangerous clots, but those worries appear to be fading because of more favorable studies.” The *Journal* mentioned a new study by Dr. “**David Malenka**, a cardiologist at Dartmouth” on the use of drug-coated stents. The *Washington Post* also covered the research and asked Malenka about drawbacks to using drug-coated stents. “‘We understand that patients who get drug-eluting stents have to be on two antiplatelet [clot-preventing] drugs for at least a year,’ he said. ‘Not everyone can be able to afford them or be compliant with their use.’”

“Infant transplant procedure ignites debate” read the headline on a *Washington Post* story. It was triggered by a report in the *New England Journal of Medicine* on the transplantation of hearts from two infants shy of the usual standard for harvesting organs; the donor infants’ hearts had stopped beating, but their brains had not ceased all function. A Dartmouth ethicist, one of four experts invited by the *Journal* to write an accompanying commentary, was also quoted in the *Post*: “‘This bold experiment is pushing the boundaries and raising many questions,’ said Dr. **James Bernat**, a Dartmouth medical professor. . . ‘This clearly shows the feasibility of doing this,’ Bernat said. ‘The question is: Should this be done.’”



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