

## 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.’”





**THE WRITE STUFF:** A feature by Paula Hartman Cohen in our Spring 2007 issue, "The Other Side of the Stethoscope," won a 2008 Will Solimene Award from the New England chapter of the American Medical Writers Association.

Dartmouth Institute for Health Policy and Clinical Practice.

**Leg:** The Dartmouth study was conducted in 14 communities that have been part of RWJF's Aligning Forces for Quality program since 2006. The researchers examined five different measures of care: leg amputation rates; breast cancer screening rates; diabetes blood-test rates; preventable hospital stays; and the percentage of patients with a primary-care provider.

The most striking finding was that the rate of leg amputations—a complication of diabetes and vascular disease—not only varies among regions but is four times greater in blacks than in whites. There were significant differences in the other four measures, too, including a three-fold variation in hospitalizations that could have been avoided with better outpatient management of such conditions as diabetes or heart failure.

**Chronic:** The 14 communities were chosen in 2006 for the first phase of the RWJF initiative, which focused on improving the

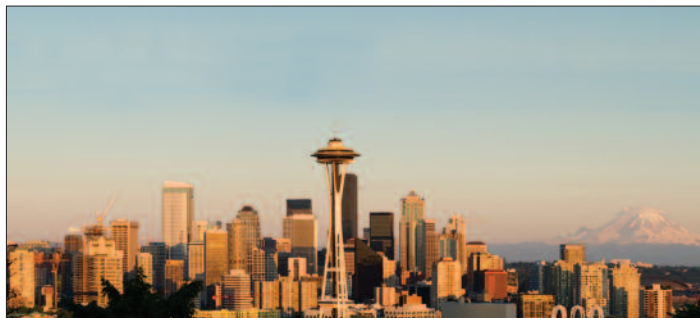
quality of care in outpatient settings for patients with chronic conditions. With the new \$300-million investment in June, the effort was expanded to include inpatient care, to reduce racial and ethnic disparities in care, and to enhance the role of nurses. Both phases have involved patients, providers, and payers. The premise of the program is that no single person, profession, or group can improve care without the support of others.

**Cities:** The 14 communities represent 11% of the U.S. population and were chosen to reflect the breadth of the nation. Included are several cities, such as Seattle, Wash., and Memphis, Tenn.; a few regions, like western Michigan; and a few whole states, including Maine. The communities have already begun to show improvements.

The initiative represents a new type of partnership, noted Lavizzo-Mourey. "Improving the quality of care can only take place where patients and best practices converge," she said.

LAURA STEPHENSON CARTER

**There were significant differences in the other four measures, too.**



Seattle, Wash., was one of 14 communities across the U.S. that the Robert Wood Johnson Foundation commissioned Dartmouth to study, as part of an initiative that's addressing racial, ethnic, and geographic disparities in the delivery of health care.

**Worthy of note: Honors, awards, appointments, etc.**

**Constance Brinckerhoff**, Ph.D., the Nathan Smith Professor of Medicine, has been named a master



by the American College of Rheumatology. One of the organization's highest honors, mastership recognizes outstanding contributions to the field of rheumatology through scholarly achievement and service to students and the profession. See page 52 for more on Brinckerhoff's career.

**John Wennberg**, M.D., M.P.H. (below), the Peggy Y. Thomson



Professor of the Evaluative Clinical Sciences and director emeritus of the Dartmouth Institute for Health Policy and Clinical Practice, and

**Elliott Fisher**, M.D., M.P.H. (below), a professor of medicine and the



director of the Center for Health Policy Research, were named to a new Working Group on Medicare Reform convened by the Century Foundation, a nonpartisan public policy research organization. The group, made up of prominent health-policy experts from

around the country, will assess the state of Medicare and make recommendations to reform and strengthen the program. Dartmouth is the only institution represented more than once on the 11-member group.

**William Hickey**, M.D., a professor of pathology, was elected a governor of the College of American Pathologists.

**Paula Schnurr**, Ph.D., a research professor of psychiatry, received a



*Ladies' Home Journal* Health Breakthrough Award, in recognition of her research on post-traumatic stress disorder in female military personnel.

A teaching tool called the Computer-assisted Learning in Pediatrics Program (CLIPP) was presented with the 2008 Academic



Pediatrics Association's Outstanding Teaching Award. CLIPP was created by **Leslie Fall**, M.D. (at left), and

**Norman Berman**, M.D. (below); both are associate professors of pediatrics. A web-based software program, CLIPP is



designed to be used by third-year medical students during their pediatric clerkships. It is now used by more than 80 of the 129 U.S. medical schools.

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