Among the people and programs coming in for prominent media coverage in recent months was the physician who pioneered the field of outcomes research. “Data has been assembled by Dr. Jack Wennberg and his associates at Dartmouth Medical School for at least two decades,” a guest on National Public Radio’s Talk of the Nation noted, mentioning that “states’ spending per capita on health varies enormously.” The Baltimore Sun cited Wennberg’s research, too, in an article about a “new hypothesis” in health care, in which “doing less for patients might improve their health while controlling costs.” (See dartmed.dartmouth.edu/winter07/html/braveheart.php for a recap of Wennberg’s career.)

Two researchers who collaborate regularly with Wennberg also showed up in the press—in the Atlantic Monthly. The article, which was subtitled “The health-care crisis no candidate is addressing? Too many doctors,” mentioned that “Eliot Fisher, a physician and researcher at the Center for the Evaluative Clinical Sciences at Dartmouth, quipped, ‘If we sent 30 percent of the doctors in this country to Africa, we might raise the level of health on both continents.’” The article also noted that “in a paper published last year in the journal Health Affairs, David Goodman and his colleagues at Dartmouth examined care at academic medical centers. . . . They tallied the number of doctors” at each and found not only that “the variation was enormous” but that hospitals that used more doctors “did not produce better outcomes than hospitals using relatively few doctors.”

Several other publications cited work by Wennberg and his colleagues, including Consumer Reports, the New York Times, and the Miami Herald. “A 2003 Dartmouth study found that up to 30 percent of the $2 trillion spent in this country on medical care each year—including what’s spent on Medicare and Medicaid—is wasted,” Reader’s Digest noted. And the Star-Telegram of Fort Worth, Tex., said, “Increased spending doesn’t necessarily buy increased quality of care. A Dartmouth Medical School analysis of Medicare . . . found vast disparities in payments—but they varied based on geography rather than on how sick the patients were, or how good the treatment.”

A Dartmouth surgeon spoke with the Pittsburgh Tribune-Review about financial incentives that encourage liver transplant centers to give organs to healthier patients. “No question, if you’re relatively healthy coming in, you’re going to cost less and they’re going to make more money at a center,” said Dr. David Axelrod, transplant surgery chief at Dartmouth-Hitchcock Medical Center. . . . They’re not doing this just to make money, but the economics are clearly driving a portion of this issue. There are clearly economic benefits.”

For perspective on a finding that uninsured patients are more apt to be diagnosed with late-stage cancer, the New York Times looked north. “Do these findings mean that patients without insurance are being diagnosed too late, or that insured patients are being excessively diagnosed?” said Dr. H. Gilbert Welch, a professor at Dartmouth who studies the usefulness of medical procedures.” And in a U.S. News & World Report article about women with ductal carcinoma in situ (DCIS), “Welch argued that as mammography continues to detect smaller and smaller DCIS lesions, there can be a tendency to overtreat.” Welch weighed in on prostate cancer screening, too. “Many men agree to prostate screening without thinking much about it,” he told MSNBC.

“Do cholesterol drugs do any good?” Business Week asked in a January 17 cover story about statins. Among the national experts tapped to answer this question was a Dartmouth physician-researcher.