Dartmouth opens primary-care clinic just steps from campus

This spring, Dartmouth added a new choice to employees’ health-care options: a primary-care clinic in downtown Hanover. Dartmouth Health Connect opened its doors on Allen Street in March 2012, within easy walking distance of campus, and already more than 300 Dartmouth participants have signed up. The practice is designed to demonstrate a new model of primary care. It is a collaborative venture between Dartmouth College, Dartmouth-Hitchcock, and Iora Health, a for-profit health-care company.

“The College had already founded the Dartmouth Institute for Health Policy and Clinical Practice and the Center for Health Care Delivery Science,” says Rushika Fernandopulle, M.D., Iora’s founder and a nationally recognized pioneer in health-care reform. Fernandopulle adds that Dr. Jim Yong Kim, the president of Dartmouth, told him, “We’re working hard to be a leader in rethinking health care. Let’s demonstrate that there are better models, and let’s do it here.”

Utilizing a team approach, Dartmouth Health Connect matches patients with one of two physicians and with one of four health coaches. New patients meet with their team to create a health plan based on their particular health goals. The health coach stays in regular contact with each patient, ensuring continuity of care well after the clinic visit is complete. Patients can e-mail or text their physician at any time and can schedule same-day or next-day appointments as needed.

With this new system, patients avoid long waits for service and, even better, have no co-payments or bills from insurance companies. Unlike traditional clinics, Dartmouth Health Connect charges a flat monthly fee per participant, which is paid by the College.

Two Dartmouth-Hitchcock physicians staff the clinic: Dr. Joel Lazar, section chief of family medicine, and Dr. M. Brooke Herndon, an internist. They will share practice duties at the clinic while continuing to work at DHMC. Because the clinic is an affiliated program, Lazar and Herndon will refer patients to hospital specialists when appropriate and have lab tests done at DHMC as well.

“We constantly ask ourselves how we can improve the health of our employees,” says Lazar. “The model Rushika has devised is well-suited to these needs because it eliminates the constraints caused by traditional fee-for-service models and empowers us to ‘think outside the box’ to meet patients’ needs for care, including easy access and personalized support.”

Lazar ticks off some of the benefits of the new system: “Patients interact with us not only during regular visits, but also through e-mail and texting. We have group sessions available where we discuss managing such conditions as arthritis or diabetes; we also coordinate services that patients receive through other professionals.”

Herndon is excited about the prospect of seeing patients at the new clinic as well. “I’m evangelical about primary care and believe this model will allow us to help patients be healthier and happier, as well as more satisfied with the service they receive,” she says. “By providing better communication and care coordination, our hope is that we can reduce hospitalizations and ER visits. Also, in my experience, patients really do benefit from interacting with a team.”

Both Herndon and Lazar look forward to sharing the data they gather and the lessons they learn at the clinic with their D-H colleagues, with medical students, and with other health professionals in the region. Their partners at the College and Dartmouth-Hitchcock are also eager to see how this collaboration unfolds.

“We’ve been experimenting with similar models at the medical center as part of our CMS [Centers for Medicare and Medicaid Services] demonstration project,” says Dr. John Butterly, Dartmouth-Hitchcock Health’s executive vice president for medical affairs. “But Fernandopulle has added innovations beyond what we’ve been able to achieve. Dartmouth Health Connect should provide an excellent learning experience and inform how we go forward in transforming our approach to primary care, both at the local level and nationwide.”

— Susan Warner