



WASTE NOT, WANT NOT: DHMC received one of only eight national Environmental Leader Awards from Hospitals for a Healthy Environment. The awards recognize efforts to cut waste, phase out toxic substances, and eliminate the use of mercury.

icine, Metrics, and Transformation: Making the Important Choices.” More than 250 clinicians and administrators from regional hospitals, clinics, and organizations, as well as government officials, attended.

Keynote: The keynote speaker was Dr. Kenneth Kizer, who as undersecretary for health in the Department of Veterans Affairs was largely responsible for transforming the ailing VA medical system into one of the best in the world. “Modern health care is the most information-intensive enterprise that human beings have ever engaged in,” Kizer told the audience. “Yet we’re trying to manage it, and trying to operate in many cases, the same way we did 100 years ago. We simply can’t get to where we need to go today without bringing health care IT [information technology] into the 21st century.”

But getting “where we need to go” is about more than computers and data, Kizer and the other speakers said. “The other piece . . . is leadership and commitment and understanding of the direction in which [the data] can take you,” said Dr. Louise Liang, senior vice president of Kaiser Permanente, a nonprofit HMO and the nation’s largest. “I think it’s very clear,” she added, “that [DHMC], this community, has [that] other piece.”

Dr. Donald Berwick, CEO of the Institute for Healthcare Improvement, also praised DHMC, reminding attendees to stay focused on patients—“a reminder you don’t need at Dartmouth.”

DHMC is indeed a national leader in outcomes reporting and

quality improvement, as recent articles in the *Wall Street Journal*, the *New York Times*, and the *Washington Post* have attested. Faculty in Dartmouth’s Center for the Evaluative Clinical Sciences (CECS)—such as Dr. John Wennberg, the first person to draw attention to regional variations in care—have been studying the delivery of care for more than 20 years.

Two CECS faculty members, Dr. Elliott Fisher (whose research suggests that 30% of U.S. health-care dollars go to unnecessary treatments) and Dr. Gerald O’Connor (who cofounded the Northern New England Cardiovascular Disease Study Group) also spoke. Both talked about how data can change clinical outcomes. O’Connor, for example, described a collaboration among five hospitals that has dramatically cut their combined mortality rate for heart-bypass surgery.

Fisher and O’Connor also urged academic medical centers to lead the way. “If we . . . look at how we compare to other academic medical centers,” pointed out Fisher, “we can teach our residents and our students about reflective practice.”

“We have gotten a lot of recognition for our efforts,” Gardent says later. But he’s careful not to exaggerate DHMC’s accomplishments nor to diminish the challenges that remain. It’s the combination of “science plus measurement plus reporting,” adds Gardent, “that will lead to much higher levels of quality and reliability.”

JENNIFER DURGIN

Cost of services is part of transparency at DHMC

If you put the word “transparency” into the news search engine LexisNexis, virtually all the hits have to do with international affairs. But that was the word chosen by the Institute of Medicine (IOM) in a 2002 call for an overhaul of the domestic health-care system. The IOM’s “Crossing the Quality Chasm” report challenged hospitals to improve the quality of care, reduce medical errors, and increase “transparency” about their performance.

Dartmouth-Hitchcock not only didn’t have to ask what the IOM meant by transparency but was poised to respond. “DHMC and DMS have a long history,” says executive vice president Paul Gardent, “of measuring performance in the interest of quality improvement.”

This approach, based on work at Dartmouth’s Center for the Evaluative Clinical Sciences (CECS), rests on the underlying principle of informed patient decision-making. “Given our historic interest, and the call by the Institute of Medicine,” Gardent continues, “we needed to embrace transparency and to become a national leader in transparency.” (See page 15 for a story on a related effort.)

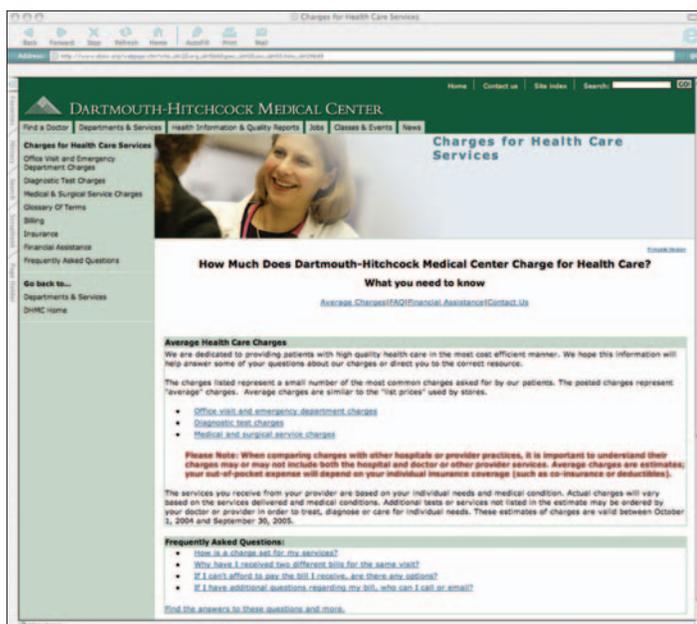
Post charges: The latest step in that process came a few months ago, when DHMC became one of the first medical centers in the country to post charges for its services on its Web site.

But back to the beginning: After the IOM report came out, DHMC set three goals—to pro-

vide better information to patients to help them make health-care decisions; to increase trust in DHMC’s role as a charitable, nonprofit organization; and to stimulate improvement in the quality of care. “We define quality broadly,” Gardent says, “to include clinical outcomes, as well as patient satisfaction and cost of services.”

Putting flesh on the bones of those simple-sounding goals took some time, however. Melanie Mastanduno, a clinical measurement analyst at DHMC, says that administrators spent about 15 months answering the question “How would transparency look?” Based on information and opinions from national consultants, patient interviews, and focus groups, DHMC decided to create a Web site that would give patients accurate and honest data about the Medical Center’s performance. “Our mission is to continually improve the science of clinical practice,” she says, “and we believe that publishing both health information and quality reports is a valuable tool in that mission.”

Quality reports: The site, which can be reached by going to www.dhmc.org and clicking on “Featured Section: Quality Reports,” went live a year and a half ago. Most recently, in February of this year, charges for services—including office visits, diagnostic tests, and surgical procedures—were added to the site. DHMC is not only one of the first institutions to publish its charges, Mastanduno points out,



This is the new Web site where DHMC posts charges for its services and links to information to help patients determine payment options specific to their situations.

but one of the few to represent “the full retail price,” including the charge for both hospital and doctor services.

In the “Quality Reports” section of the site, people can, for example, click on breast cancer and learn that the five-year survival rate for patients with Stage 1 breast cancer who were treated at DHMC is 93%, compared with a national average of 87%. They can check the numbers of previous patients who have chosen specific treatment options, such as lumpectomy, mastectomy, or simultaneous breast reconstruction and learn about the satisfaction rates of each group of patients. “A Typical Patient’s Journey: The Comprehensive Breast Program” offers a step-by-step guide from diagnosis to treatment options.

And clicking on the new “Charges for Health Care Services” section reveals, for instance, that a low-complexity new-patient office visit costs \$94, a bilateral diagnostic mam-

mogram costs \$413, and a breast biopsy costs \$6,700.

Further, the site provides information about payment options and financial aid for medically necessary services for patients who are under- or uninsured. Those who do have insurance are directed to a toll-free phone number that allows them to talk with a financial counselor to determine their out-of-pocket expenses ahead of time.

Improvement: “We are in the business of continual improvement,” Mastanduno says. She would like to see more disease-specific information on the site. And, she adds, “we would love it if there were a calculator patients could use that would let them input their insurance information and give them a read-out of their expenses.”

In the meantime, patients are noticing the new information. In April alone, Mastanduno says, there were 450 hits just on the “Charges for Services” link.

CATHERINE TUDISH

Transforming Medicine Campaign goes public

The mood was celebratory. The sun was shining. The news was great. On Saturday, May 21, Dartmouth Medical School and Dartmouth-Hitchcock Medical Center announced to the world that they were launching a \$250-million campaign—the largest in their history—that aims to transform the way medicine is delivered both in their own backyard and around the world.

Endowment: The appropriately named Transforming Medicine Campaign will raise funds to increase endowment for faculty support and program development; to advance research, academic, and clinical initiatives; and to build new facilities.

“Together we will transform not just medicine, but lives, here in the Upper Valley, in the regions of New Hampshire and Vermont, and throughout our country and our world,” said Alfred Griggs, chair of both the DHMC and Mary Hitchcock Hospital Boards, in officially launching the campaign.

The previous record for a DMS or DHMC campaign was \$95 million, raised as part of the Dartmouth College Will to Excel campaign, which ended in 1996. Although Transforming Medicine has just gone public, it’s been accepting advance gifts since July 1, 2002—and as of the launch, nearly \$91 million had already been committed toward the \$250-million goal.

The Transforming Medicine Campaign—which will run through 2009—is part of a \$1.3-billion Dartmouth College cam-

paign that was launched in November of 2004.

“The College and the Medical School have developed common values and a shared commitment to integrative education that builds bridges between the faculties of medicine, arts and sciences, engineering, and business at the College, and all the clinical enterprises of DHMC,” said Dartmouth President James Wright at the DMS-DHMC launch. “This campaign is also one of the keys to the continuing preeminence of the overall Dartmouth experience.”

Components of the \$250-million goal include:

- \$85 million for support of faculty, primarily through the establishment of endowed chairs for senior faculty and endowments for junior faculty development. Scholarships for DMS students are also being sought.

- \$98 million for key clinical and research programs, most notably within Norris Cotton Cancer Center, the Children’s Hospital at Dartmouth, and the Center for the Evaluative Clinical Sciences, as well as research in areas such as neuroscience, cardiovascular research, immunology and infectious diseases, orthopaedics, and genetics.

- \$67 million for new research facilities at DHMC, including a Translational Research Building and a Center for the Evaluative Clinical Sciences building; renovations to the Vail and Remsen research buildings on DMS’s Hanover campus; and a \$2-million contribution to the