



TIE CLASP: DMS faculty member (and former surgeon general) Dr. C. Everett Koop, celebrated for wearing red bow ties, was feted on his 95th birthday in October at a party attended by DMS faculty and administrators, plus 14 of his former trainees and fellows who traveled to Hanover for the occasion.

2, 4, 6, 8 . . . RAH, TEAM!

Vince Lombardi would surely have been a fan of the High Value Healthcare Collaborative (HVHC). “People who work together will win,” asserted the legendary football coach, “whether it be against complex football defenses or the problems of modern society.” HVHC is all about working together, against one of society’s most intractable problems—health-care delivery. It aims to identify best practices on common and costly conditions, then disseminate them nationally. The group was established last year by six founding members: Dartmouth-Hitchcock, the Mayo Clinic, the Cleveland Clinic, Denver Health, Intermountain Healthcare in Utah, and the Dartmouth Institute for Health Policy and Clinical Practice.

And the HVHC team just got bigger, with the addition of eight new members: Baylor Health Care and Scott & White in Texas, Sutter Health and the

UCLA System in California, Beaumont Health in Michigan, Virginia Mason Medical Center in Washington State, University of Iowa Hospitals, and MaineHealth. The group is currently aiming to beat . . . er, collect data on . . . nine common conditions, including total knee replacement, diabetes, and asthma. For more on the HVHC, see dartmed.dartmouth.edu/sp11/v02. A.S.



DUO TACKLES HEAD TRAUMA

Understanding the effects of head trauma in sports is a bit of a brain-twister, but a Dartmouth duo is busy untangling the puzzle. Since 2006, Drs. Thomas McAllister, a psychiatrist at DMS, and Songbai Ji, at Dartmouth’s Thayer School of Engineering, have been studying data from specialized helmets worn by volunteers on Dartmouth’s football and hockey teams.

The helmets contain sensors, developed by a Lebanon, N.H.-based company called Simbex, that record the force and number of head impacts during practices and games.

The volunteers also agree to have pre- and post-season MRIs of two types—structural and functional; the latter shows brain activity in different areas as the subject undergoes cognitive testing.

In addition, Ji has constructed computer models of the brain that show all its major structures. These are helping the duo to evaluate the extent to which front or side impacts of differing force deform various parts of the brain. The findings so far suggest that the brain’s corpus callosum may be a critical area. And they may one day lead to better helmet designs or even to rule changes aimed at preventing concussions. R.P.S.



New program aims to “make an impact tomorrow”

For too long, U.S. health care has been plagued by a three-headed monster—high cost, variable quality, and unequal access. Nobody seems to know exactly how to kill the monster and achieve high-quality, affordable, accessible care. But a new Dartmouth degree program, for mid-career health-care professionals, is giving those trying to battle the beast.

This past summer, the inaugural class in the master’s of health care delivery science program arrived on campus. The 47 enrollees have an average of 23 years of work experience and come from all sectors of the health-care industry. They include practicing physicians, health-insurance and hospital administrators, government officials, and even a state senator from Oklahoma.

Impact: “We’re looking for people who already are in positions of leadership,” Katy Milligan, the program’s director, told Dartmouth’s student newspaper. “They can make an impact tomorrow with the things they’ve learned today.”

The 18-month program is run by Dartmouth College’s Center for Health Care Delivery Science. It combines the strengths of the Dartmouth Institute for Health Policy and Clinical Practice with those of Dartmouth’s Tuck School of Business. In all, 23 faculty members from DMS and Tuck are teaching the program’s 12 six-week-long courses.

Just five months into the program, students are already seeing an effect. For example, one course exercise consisted of confidential evaluations of the students’ leadership skills by their bosses, coworkers, peers, and clients. For Dr. Mark Moon, a physician at the Mayo Clinic in Jacksonville, Fla., the exercise was transformative.

“I found that I was generally viewed in a positive light by those working for me,” Moon says, “but I tended to emote when frustrated more than I should. Under stressful situations, I now consciously think about how and when I have potentially difficult conversations with employees. Staff [now] describe me as calmer, generally more positive and constructive.”

Moon has seen some very measurable results, too. “There is no question that the staff in any

The Mayo Clinic’s Moon has seen some very measurable results, too.



Eric Isselbacher, associate director of Massachusetts General Hospital’s Heart Center, is one of the inaugural students.

clinical microsystem take their behavioral cues from leaders within that system,” he says. “My more positive approach has translated to like behavior among my staff.” Patient satisfaction scores in his section jumped 35 percentage points in three months, and he’s sure that “staff attitude was a major driver of this improvement.”

Gain: Another student, Robin Lunge, is finding the program’s range of topics helpful in her role as director of health-care reform for Vermont. The state is moving toward a single-payer system, and Lunge, an attorney, is coordinating the effort. The program “has allowed me to gain additional understanding and depth in areas like finance and clinical trials and clinical effectiveness,” she says, helping her make sure “we’re on the right track.”

The fact that professionals as busy as Moon and Lunge can make time for the program is due to its hybrid format—brief but intense residential sessions at Dartmouth plus enhanced distance learning. Using web-based tools, students interact with classmates and faculty in real time and asynchronously. This flexibility is key to attracting students who are already leaders.

Hope: The hope is that the program’s graduates, armed with new knowledge and expertise, will be an army of change agents within the health-care system. Perhaps one day soon, they will defeat the three-headed monster and achieve health care’s holy grail—high-quality, affordable, accessible care.

JENNIFER DURGIN

CLINICAL OBSERVATION

In this section, we highlight the human side of clinical academic medicine, putting a few questions to a physician at DMS-DHMC.

Joseph Cravero, M.D.

Professor of Anesthesiology and of Pediatrics

Cravero specializes in anesthesia and sedation for children undergoing surgery or other procedures. He is the founder and medical director of the PainFree Program at the Children’s Hospital at Dartmouth (CHaD). He joined the DMS faculty in 1996.

What got you interested in your specialty?

I’ve always been drawn to interactions with children and their families in the medical setting. And I became interested in anesthesiology when I observed pediatric anesthesiologists during my pediatric residency. They were especially skilled at managing the most critical situations we face in pediatrics: airway management, difficult vascular access, and severe pain amelioration.

What’s your favorite nonwork activity?

Lots of choices here. Playing baseball with my son, cooking with my daughters, etc. If you made me choose, I’d take a bike ride in the hills of Vermont with my wife, including a stop for some ice cream.



What famous person, living or dead, would you most like to meet?

I just finished Doris Kearns Goodwin’s biography of Abraham Lincoln, *Team of Rivals*. Lincoln was a fascinating person—brilliant, imperfect, introspective, resilient, and with a great sense of humor. He had an amazing ability to deal constructively with adversity and his political enemies. I would love to have the opportunity to have a beer with him.

What kind of music is on your iPod?

Several thousand songs, including Ray Lamontagne, the Avett Brothers, and Puccini opera.

Are there any misconceptions that you have found people have about your specialty?

A lot of people think that anesthesiologists don’t need to be very interested in (or very good at) interacting with patients and families. I believe that is incorrect. We often don’t have a lot of time to build trust with patients and families, so good interpersonal skills are really critical to provide care that leaves patients and their loved ones confident that you can care for them and will assure their safety and comfort through the perioperative period.

What is your most memorable accomplishment?

I’m pretty proud of the PainFree Program at CHaD. I initiated the program about 10 years ago (along with my colleague George Blike) with the thought that we could take the suffering out of medical care and tests for children. While we will never be completely successful, I think we have a great group of people working toward this goal, and we have a program that the rest of the country has used as an example of excellent patient care.

If you could travel anywhere in the world that you’ve never been, where would it be?

The Piedmont region of northern Italy. It has great scenery and great food, and it’s where my grandparents emigrated from, so there are a lot of Craveros there I have never met.

What historical event would you most like to have been present at in person?

It’s impossible to pick just one. A few that come to mind are Martin Luther King’s “I Have a Dream” address at the Lincoln Memorial, the 2004 Red Sox World Series win, Woodstock, and Morton’s first administration of ether anesthesia at Massachusetts General Hospital.

What’s the best piece of advice you were ever given?

My mother often told me, “Don’t worry about things you have no control over.”

What was your first paying job?

Lifeguard and swimming teacher on Long Island.

