

**FELINE FINE:** The Fisher Cats, New Hampshire's Manchester-based minor league baseball team, chose the Children's Hospital at Dartmouth as their "primary charity" for the 2005 season. The Cats hoped to raise \$50,000 for CHaD.



## THEN & NOW

A reminder of the pace of change, and of timeless truths, from the Fall 1990 issue of DARTMOUTH MEDICINE:

"In 1990," wrote Dr. John Kitzhaber, "Americans will spend \$650 billion on health care. Yet 19 countries have lower infant mortality rates and 26 have better cardiovascular statistics." The cause of the discrepancies, said Kitzhaber, "is not a lack of money, but rather some fatal, systemic flaws in the American health-care system."



Kitzhaber, a 1969 Dartmouth graduate who was then president of the Oregon senate and later the state's governor, went on to explain his efforts to reform Oregon's medical payment system. Today, the National Coalition on Health Care estimates U.S. health-care expenditures at \$1.8 trillion.

## Goodman heads pediatric workforce initiative

Professional societies quite regularly promulgate policy statements on various weighty subjects. But rarely in those statements do societies go against the prevailing winds of their profession.

For months, the Association of American Medical Colleges has been pushing a 15% increase in medical school enrollments and residency positions by 2015 in order to prevent a physician shortage that the group says is likely. However, the American Academy of Pediatrics (AAP) argues, in a recent report and policy statement, that the current pediatrician workforce is adequate. The AAP recommends maintaining, not increasing, current numbers of U.S. medical students and pediatric residency positions.

"The academy is now the first specialty society to come out and say that we should not be increasing physician training rates in this country," notes Dr. David Goodman, a DMS pediatrician. He was the lead author of the report, which was published in the journal *Pediatrics*.

**Resources:** Goodman has been studying physician workforce issues for more than 10 years at Dartmouth's Center for the Evaluative Clinical Sciences (CECS) and as a member of the AAP's Committee on Pediatric Workforce. "There are lots of things that can improve children's health and well-being, he says. "So the caution here is that one should not promote workforce policies that can be expensive

and essentially divert resources from other policy initiatives that are known to improve children's health."

The bottom line, he adds, is that turning out "more physicians is very expensive."

If current trends continue, the per capita supply of both pediatricians and physicians in general will grow over the next 15 to 20 years, says Goodman. "The evidence," he continues, "is stronger and stronger that [the health of a population] is not sensitive to physician supply, once you get beyond a supply that everyone would agree is very low." In fact, several CECS studies have shown that regions with more physicians per capita have poorer health outcomes than regions with fewer physicians.

Distribution, not overall supply, is the problem, according to Goodman and the AAP. Since pediatricians, and physicians in general, tend to concentrate around areas with wealth, many rural and poorer communities are underserved.

To address this disparity, the AAP recommends admitting more medical students from underserved communities (because they have been shown to be more likely to return to those areas after their training); expanding the National Health Service Corps; and exploring the use of tax credits and other financial incentives for physicians who serve communities in need. Increasing the ethnic diversity of the pediatric workforce so it is more representative of the na-

tion's population is also a key part of the AAP's agenda.

Among the other findings of the workforce committee was that women now make up 50% of all pediatricians—welcome news for adolescent females, who overwhelmingly prefer female providers. Although many female physicians work part-time, "the supply of pediatricians is growing so vigorously [that the profession] can easily accommodate more part-time practice," says Goodman.

**Principles:** Overall, Goodman was pleasantly surprised by the policy statements. "It's easy for a committee like this to either consciously or unconsciously develop statements that are best for pediatricians," he says. "It was just great to see this committee really stick to its principles that policy should be not necessarily what's best for pediatricians, but what's best for children."

JENNIFER DURGIN



Dartmouth pediatrician Goodman was the lead author of a national report.



**CASE IN POINT:** A team of students from DMS, its Center for the Evaluative Clinical Sciences, and Dartmouth's Tuck School of Business took second place in a national health-care case competition, solving the problems experienced by a hypothetical patient.

## Anonymous donor gives \$1 million to CECS

There are a million reasons why Dartmouth's Center for the Evaluative Clinical Sciences (CECS) shouldn't have succeeded. Its premise 16 years ago was counterintuitive and its findings since then have clashed with conventional wisdom. And that's just for starters.

Now there are a million new reasons why the center will continue to succeed in spite of all odds. CECS recently received an anonymous \$1-million gift as part of the Transforming Medicine Campaign for DMS and DHMC.

"Transforming medicine," as it happens, could be CECS's mantra as well as the campaign's. The center's founding director, Dr. John Wennberg, has been making medicine rethink itself since the early 1970s, when he began to study variations in treatments and outcomes in Vermont. The variations, he discovered, were due not to differences in patients' conditions but to uncertainty among doctors about treatments' value. CECS, which was established in 1989, is now nationally and internationally recognized for its research on health outcomes, decision-making, and policy.

**Outcomes:** "CECS has led the nation and the world in improving our understanding of both determinants and outcomes of health-care practices," explains Dr. Albert Mulley, chief of general internal medicine at Massachusetts General Hospital and a longtime collaborator with many CECS faculty. "The work of

CECS and the professionals it trains, today and in the future, offer our best chance of seeing to it that people get the care they need and no less—and the care they want and no more," adds Mulley. "And in a country that spends 15% of its gross domestic product on health care, nothing could be more important." As vice chair of the campaign executive committee and chair of its CECS working group, Mulley is among those charged with helping CECS find the resources it needs to expand its impact. A 1970 graduate of Dartmouth College, he is also a Dartmouth Trustee and a DMS Overseer.

**Paradox:** The CECS faculty includes clinicians, epidemiologists, economists, sociologists, cognitive psychologists, statisticians, management engineers, and health-services researchers. Their research ranges from the widely quoted *Dartmouth Atlas of Health Care* to numerous studies showing that more health care often leads, paradoxically, to poorer health outcomes.

CECS's clinical outcomes group, for example, aims to reduce scientific uncertainty about

the impact of medical care on patients' lives. The cover feature about cancer screening in the Summer DARTMOUTH MEDICINE is an example of such work.

The center also runs a number of educational programs, including master's and doctoral programs in the evaluative clinical sciences; an M.P.H. program; postdoctoral fellowships; two joint degree programs; a National Quality Scholars Program at the White River Junction VA Medical Center; and, in partnership with DHMC, the largest preventive medicine residency program in the U.S.

The recent gift, Mulley says, "has inspired those of us who are committed to securing the future of CECS to raise the funds necessary to ensure that CECS can continue its vital work—which has tremendous, positive implications for the health of populations, as well as individuals."

It hasn't yet been decided exactly how the \$1 million will be used, though the possibilities include an endowment to support the work of senior CECS faculty and a discretionary account to provide current-use funds for emergent research opportunities.

KATHARINE FISHER BRITTON

The Campaign.

# transformingmedicine

Dartmouth Medical School  
Dartmouth-Hitchcock Medical Center

**"Transforming Medicine"** is both the name of DMS and DHMC's \$250-million capital campaign and a succinct description of what the Center for the Evaluative Clinical Sciences—recipient of a recent \$1-million gift—has been doing since 1989.

## THEN & NOW

A reminder of the pace of change, and of timeless truths, from the 1912-13 DMS course catalogue:

"The minimum requirement for admission to Dartmouth Medical School is by two years of College work. . . . Applicants must demonstrate their ability to translate at sight easy Latin prose."

\$125

Tuition for each of four courses in 1912-13 (compared to \$34,498 per year in 2005-06)



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