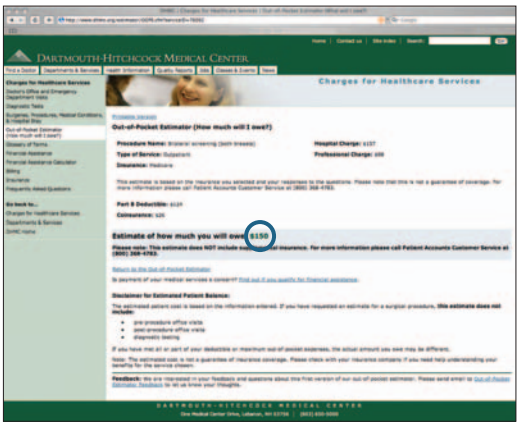
BEST OF BREED: The online edition of DARTMOUTH MEDICINE was chosen by the National Science Foundation (NSF) as an example of best practices of web usage. The NSF's Public Information Officer Resource Center site now has a link to DM's website.

Price check in radiology room three

How much is it? That's a question consumers ask whenever they make a major purchase. But when it comes to health care, the answer is often hard to find. And even though individuals are being asked to take on more responsibility for their health-care choices—through health savings accounts and high-deductible insurance plans—an essential problem remains: how can consumers shop wisely for care without having clear information from providers about its cost?

DHMC is working to fix this problem. In June, it launched a new feature on its website called the out-of-pocket estimator. The estimator, which is available at **http://www.dhmc.org/goto/charges**, tells patients approximately how much they will owe for office visits or various diagnostic, surgical, and medical services—after factoring in their own insurance coverage (or lack thereof). Patients can also call DHMC at 800-368-4783 to get more information or a more precise estimate, a service that was available before. So far, the estimator has drawn about 500 users a month from outside of the DHMC computer network.

Charges: While many hospital associations and medical practices now post pricing information online, often they post only "charges." Charges represent neither the actual cost of services nor what insurers pay providers for those services, because both government and private insurers negotiate large discounts with health-care providers. And at some places, such as DHMC, uninsured patients receive discounts, too. Also, charges may or may not include professional fees—money that pays for clinicians' services—as well as hospital fees. DHMC's out-of-pocket estimator accounts for both kinds of fees, as well as discounts and the details of various insurance plans. So patients can get a sense of what they personally will owe.



These screens show the out-of-pocket estimator's results for a screening mammogram—$150 for a patient on Medicare (top), and $179 for someone without insurance (bottom).

"This is what the patient wants to know," says Mary Kay Boudewyns, vice president for revenue management at DHMC, who helped develop the estimator. "The patient wants to know how much [a service] is going to cost them."

Boudewyns and her colleague Melanie Mastanduno, director of quality measurement at DHMC, are proud of the estimator, developed by in-house software engineers. But, they caution, the estimator still has room for improvement. For example, right now in order to get an accurate estimate, patients with private insurance need to put in details of their plans, such as the co-pay and deductible amounts. "The average person just doesn't know" that information, says Boudewyns. So she and her colleagues are working with insurers to better incorporate those details into the estimator. They also plan to add more services to the list.

Creed: The estimator will continue to evolve, they say, guided by their unofficial creed: "Good information leads to good decisions."

"That's the most basic [reason] why we are doing this," emphasizes Mastanduno.

JENNIFER DURGIN

THEN & NOW

A reminder of the pace of change, and of timeless truths, from *The Science We Have Loved and Taught*, a 200-year history of DMS:

Becoming a doctor is an arduous process today. It was very different in the 1780s for young Nathan Smith, who went on to found DMS in 1797: "An itinerant surgeon, Josiah Goodhue, arrived in town to perform an amputation. . . . Goodhue [later recollected] how Smith stepped forward when the surgeon called for a volunteer to assist him [and then], apparently overcome with fascination, . . . asked on the spot whether Goodhue would let him sign on as an apprentice."

4,620

Applicants for the 82 places in DMS's M.D. Class of '10

3.7

Average undergraduate GPA of the matriculants