

FACTS & FIGURES

A care-ful analysis

The Dartmouth College Health Service is open not only to undergraduates, but also to all graduate students *and* their dependents. It is housed in a homey brick building known as Dick's House, named in memory of Dick Hall, a DC 1927, who died of polio during his sophomore year.



14,693

Outpatient visits in 2006-07 to the infirmary

592

Inpatient admissions in 2006-07 to the infirmary

10

Number of inpatient beds in the infirmary

1,094

After-hours walk-in visits in 2006-07

1,430

After-hours phone calls and e-mails in 2006-07

5,457

Immunizations administered in 2006-07

17,741

Prescriptions filled in 2006-07

1,043

X-rays performed in 2006-07

2005

Year Dartmouth was highlighted in the *New York Times* as one of a very small (and declining) number of college infirmaries that still offer 24-hour and inpatient services

SOURCES: DARTMOUTH COLLEGE; NEW YORK TIMES (MARCH 16, 2005)

The Big Green can now lay claim to a Dean Green

From research scientist to department chair to dean of Dartmouth Medical School: William Green, Ph.D., chair of microbiology and immunology at DMS since 2002, was tapped in January as dean of the Medical School. He succeeds Stephen Spielberg, M.D., Ph.D., who stepped down to focus on international health initiatives and his research on children's therapeutic advances. Spielberg, who was DMS's dean for four years, has been appointed by the non-profit Institute for Pediatric Innovation, Inc., to lead a program focused on tailoring existing pharmaceutical products to meet children's needs.

Right: Green decided to take on the deanship because "it just felt like the right thing to do," he says. "Having been a department chair for five and a half years gave me some preparation."

Building on that foundation, he's begun meeting with key DMS, DHMC, VA, and Dartmouth College officials and is quickly learning to navigate a complex matrix—the intersection of the Medical School, Medical Center, and College.

He's poised to capitalize on DMS's "unique strengths"—which he considers to include being a "right-sized" institution, where researchers and physicians can easily collaborate with each other to "go from basic science laboratory discoveries through translational research to clinical

trials." He also counts among the institution's strengths the Dartmouth Institute for Health Policy and Clinical Practice—formerly the Center for the Evaluative Clinical Sciences—and its research on medical outcomes, resource allocation, and health-care decision-making.

Size: "I think we have a lot of ... unrecognized classic strengths, despite our size," Green says. "We need to get the message out [that] this place up in the north woods really competes head-to-head with all the big places that many of us have trained at."

Green trained at some pretty big places himself. After graduating from the University of Michigan, he earned his Ph.D. at Case Western Reserve and did postdoctoral work at Johns Hopkins and then the Fred Hutchinson Cancer Research Center and University of Washington in Seattle. He joined the faculty at Fred Hutchinson in 1979 and moved to Dartmouth in 1983.

Immune: He was the director of DMS's Immunology Program from 1992 to 2002 and then took over as chair of the Department of Microbiology and Immunology. While he's dean, he plans to continue his research—looking at immune responses to retroviral diseases, including leukemia and immunodeficiency, and developing new approaches for a better smallpox vaccine.

In fact, Green is one of only four medical school deans—out of 129 in the U.S.—who are not M.D.'s., according to the Association of American Medical Colleges. Two of the other three also have Ph.D.'s—those at the Uni-



BREAK(ING) NEWS: Eight first-year DMS students and two undergrads traveled south for spring break—but to the mountains of Kentucky, not the beaches of Florida. They volunteered for a week with the Frontier Nursing Service.

JOSEPH MEHLING



His last name, of course, had nothing to do with Bill Green being tapped as the dean of the Big Green's medical school, but colleagues have had fun with the coincidence.

versity of South Alabama College of Medicine and at Eastern Virginia Medical School—and one at East Carolina's Brody School of Medicine has an R.N.

Priorities: Green's priorities include improving the financial position of DMS, in response to the drop in federal funding for the National Institutes of Health (NIH); helping to raise funds for the Koop Medical Science Complex; and finalizing DMS's application for an NIH grant that, it is hoped, will lead to the establishment of a Center for Clinical and Translational Science at Dartmouth.

And, of course, medical education is also among his priorities, too. As dean he will not only oversee all the School's educational programs but will continue to teach classes himself, for medical students, undergraduates, and graduate students.

At Green's request, his term

as dean is not a renewable one. While he is serving, there will be an organizational review of the Medical School, as well as a search for the next dean.

Dartmouth College Executive Vice President Adam Keller, former chief operating officer of DMS, has been appointed vice president of health affairs for the period of Green's deanship, to advise Green and to help with fund-raising and public relations. Green also plans to appoint a senior associate dean for clinical affairs to advise him in that arena.

Missions: "We have a lot of missions here," Green points out. "We teach. We do research. We do other forms of scholarship." But at the same time, he says, "I think a lot of the job is good communications, building consensus, [and] getting people to interact well."

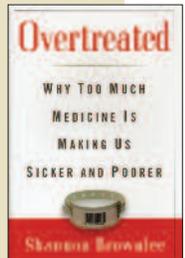
Laura Stephenson Carter

WENNBERG'S BOOK VALUE

Here's a riddle (though the subject is too serious to be funny): When is a book about health care not a health-care book? When it's an economics book. *Overtreated: Why Too Much Medicine Is Making Us Sicker and Poorer* was deemed the best economics book of 2007 by the *New York Times*. It was ranked ahead of Alan Greenspan's best-selling memoir in "another very good year for economics books."

And here's another riddle: What makes the foregoing relevant to the readers of DARTMOUTH MEDICINE? *Overtreated*—by Shannon Brownlee, who has written for such publications as *Atlantic Monthly* and the *New York Times Magazine*—draws heavily on the work of Dartmouth's Dr. John Wennberg (featured on the cover of DM's Winter 2007 issue) and his colleagues. In fact, the first sentence of chapter one begins: "John E. Wennberg is one of the heroes of modern medicine."

Brownlee's "bombshell of a book [is] must reading," said *Kirkus Reviews*. The book's essence won't be news to this magazine's readers, but its scope and detail are enlightening, and its story-telling style makes it accessible to the average patient, not just to health-care administrators. Or economists. D.C.G.



BATTLE AGAINST BRUTALITY

When he was six years old, Yinong Young-Xu, Sc.D., stood on a Shanghai street as thousands of bystanders laughed and cheered at trucks filled with political dissidents on their way to be executed. "It was like a traditional Chinese New Year's celebration—except the city was celebrating its own brutality," Young-Xu recalled in a commentary titled "A Potential for Brutality" on public radio's *This I Believe*.

For Young-Xu, who researches post-traumatic stress disorder (PTSD) at the DMS-affiliated VA National Center for PTSD, witnessing such violence "was just hard," he says. "Somehow, your instinct to survive in that society, to fit in, is . . . to be brutal. . . . People just turned in their relatives, as long as they could save their own skin."

"I believe brutality is a disease, just like cancer," he said in his commentary (to hear it, go to npr.org and put his name in the search field). "Every one of us is at risk, including me." He won't forget that day in Shanghai. "I hope those brave young men who perished . . . find some solace in the fact that a bystander, a relatively innocent child, did not forget them." M.C.W.



THAT DOESN'T HERT!: In the two years since the Hitchcock Early Response Team (HERT) was established—with the aim of forestalling “code blue” responses within DHMC—the number of codes per year been reduced by more than half.



THEN & NOW

A reminder of the pace of change, and of timeless truths, from the Spring 1978 issue of this magazine:

A news article titled “Faculty Committee Reports on Study of DMS Program” explained that “the report noted that Dartmouth, with 192 [M.D.] students is the second smallest of 113 U.S. medical schools and that only 18 others have enrollments under 400.”



316

Number of students enrolled in DMS’s M.D. program in 2008

129

Number of U.S. medical schools in 2008

28

Number of those schools with enrollments under 400

19

Number with enrollments smaller than DMS’s

Memo to supply room: Order more halos

The halos hovering over their heads are palpable in every phrase of their nomination letters. One is “the most thorough provider I know.” Another is “a true model of team building.” The third “greet[s] thousands of people a day . . . in such a positive and caring way.”

Point: These paragons of virtue were the winners of the inaugural James W. Varnum Quality Health Care Awards at DHMC. But the real point—the reason the awards were established by the Trustees—is that the winners are representative of a culture that pervades the entire DHMC organization.

Whether they work in the public eye or behind the scenes, DHMC employees routinely go above and beyond the call of duty. James Varnum, who retired in 2006 after 28 years as president of Mary Hitchcock Hospital, appreciated that as much as anyone. So the quality awards program was created in his name to recognize those whose work embodies a commitment to the highest quality health care.

Warm: The first three recipients were Maureen Quigley, clinical program director of bariatric surgery, who was cited by her nominators as a true patient advocate; Tracey Rapp, manager of Central Sterile Reprocessing, who “works well with others throughout the institution”; and Peter Ashton, an information desk patient care representative, whose warm, friendly greeting is the first impression many anxious patients and family mem-

bers have of DHMC. At the same time, Dr. William Boyle, a professor of pediatrics, received the first annual Presidents’ Quality Award, for his career-long commitment to delivering—and teaching—compassionate, family-centered care.

Varnum, a 1962 graduate of Dartmouth College, was the president of Mary Hitchcock from 1978 to 2006, as well as, from 1983 to 2006, of the Dartmouth-Hitchcock Alliance, a consortium of 11 health-care organizations in New England. In 2006, he received the American Hospital Association Award of Honor for his outstanding contributions to improving the health status of communities and the nation.

Under Varnum’s leadership, DHMC’s quality improvement efforts included the establishment of the Center for Shared

Decision Making; the creation of a quality-reports website with detailed information on outcomes; the development of a website that posts the charge for many procedures and allows patients to estimate their out-of-pocket cost; and many other regional and national initiatives.

But Varnum was as famous for little gestures as for big ones. He personally presented thousands of service awards to employees over the years, and he would regularly drop in on remote corners

Now retired, Varnum was as famous for little gestures as for big ones.

of the institution so that he could find out what was on the minds of workers whose paths would probably never otherwise cross his.

Now, with the creation of the Varnum Awards, the culture of quality improvement and appreciation that he nurtured should continue to thrive. Maybe the supply room should put in a bulk order for those halos.

Laura Stephenson Carter



Pediatrician Bill Boyle, center, is an exemplar of the culture of caring at DHMC.

MARK WASHBURN



TIMELY TOPIC: A book by DMS's Dr. Dennis McCullough, on caring for elderly relatives, got a glowing *New York Times* review that was one of the *Times's* most-e-mailed health articles for a whole week. See page 62 for more on McCullough's concept of "slow medicine."

Student programs: Supportive *and* sustainable

Patients who rely on the Good Neighbor Health Clinic for free medical care have been able to get everything from acupuncture to immunizations. Now, thanks to four of DMS's 2007-08 Albert Schweitzer Fellows, the clinic—located in White River Junction, Vt., and staffed almost entirely by volunteers—can help uninsured and underinsured patients who lack enough to eat or who have mental-health problems.

Help: "Good Neighbor is gung-ho about advocacy for its patients," says second-year Duncan Meiklejohn. He and classmate Jennifer Bentwood developed a two-question survey to identify Good Neighbor patients without a steady food supply. To those who want help, Bentwood and Meiklejohn offer information

about local organizations that provide food, as well as advice on applying for federal aid.

"We've had some really interesting responses," says Bentwood. "Some people don't have a food need but want to know more about food resources." Others admit to a need but don't want help. "It's really hard for people to accept charity," says Bentwood, "but they know the people at Good Neighbor, and I can't imagine we'd have a better response rate by surveying somewhere else."

Even if patients prefer to remain anonymous, the aggregate survey results can help local organizations apply for grants and determine how best to allocate their food supplies.

Good Neighbor is also benefiting from the efforts of second-

years Leslie Morris and Lucinda Leung, whose Schweitzer project focuses on unmet mental-health needs. Last year, only one psychiatrist volunteered every other week. So Morris and Leung figured out a way to support patients with mild mental-health problems. They started by approaching psychiatrists, psychiatry residents, and clinical psychology graduate students and asking them to volunteer. Next, they designed a program to train fellow medical students in the clinical management of patients with mild depression and anxiety disorders.

Students can "listen to the patient; assess the symptoms, medications, and self-care plans; and be a liaison between patient and primary-care physician," says Morris. This kind of support actually provides more continuity in care than volunteer physicians can offer. "We're trying to look at depression as a chronic disease," explains Morris.

Feedback: Leung and Morris did a presentation on their project at a recent meeting of the northeast chapter of the Society of Teachers of Family Medicine. "We got a lot of positive feedback," says Morris. "It doesn't sound like it's being done elsewhere."

The criteria for a Schweitzer Fellowship—200 hours on a project designed to be sustainable—are appreciated at Good Neighbor. "Sometimes someone does a project, . . . but when they leave the project falls apart," says the clinic's nurse manager, Ceil Furlong. These students intend to see that doesn't happen.

AMANDA THORNTON

The local free clinic "is gung-ho about advocacy for its patients."

THEN & NOW

A reminder of the pace of change, and of timeless truths, from the 1958-59 DMS bulletin:

"It is almost impossible for a student to engage in outside remunerative employment during the school year. . . . The student who is unable to pay the complete cost of . . . at least the first year is advised to withhold registration until he [sic] can arrange for sufficient funds. . . . Financial aid is available through . . . a limited number of scholarships."



\$1,170

Annual DMS tuition in 1958-59

\$38,000

Annual DMS tuition in 2007-08

50%

Percentage of the student body that today receives scholarship funds

LAUREN WOOL



Leung and Morris, left, and Bentwood and Meiklejohn, right, at Good Neighbor.

WEIGHTY MATTER: What has 942 pages, is 8 inches tall, and weighs 12 pounds? The core grant application that Dartmouth's Norris Cotton Cancer Center sent in January to the National Cancer Institute. The grant must be renewed every five years.



Mixing medical students with future CEOs

An elective course that remains in a curriculum for more than 30 years must offer something that's valued by students. When health-care economist Michael Zubkoff joined the DMS faculty in 1975 as chair of the Department of Community and Family Medicine, the offer also included an appointment as a professor of economics and management at Dartmouth's Tuck School of Business. One of the first things Zubkoff did was design an elective for second-year Tuck students called Medical Care and the Corporation (MCC). In the three decades since then, Tuck students have flocked to the course.

The MCC syllabus covers the structure and financing of the U.S. health-care industry; critical issues facing the health-care system—including cost, quality, and access; the implications of variations in the delivery of care and the supply of medical resources; health-care trends that affect business; and national health-policy issues.

The course has long featured guest speakers, including Paul Gardent, former executive vice president of DHMC. In 2006, Gardent stepped down from that position after 27 years to join what is now the Dartmouth Institute for Health Policy and Clinical Practice; at the same time, he joined Zubkoff as a co-teacher of MCC.

Easy: It would be easy to become complacent with an initiative as successful as the course has been, but Zubkoff has never

been one to shrink from stirring the pot. In 2007, he opened MCC to a much wider audience. Though a few DMS students had audited the course in the past, last fall was the first time they could take it as an elective. M.D. students, residents, fellows, and Dartmouth Institute health-policy graduate students signed up to take it.

Perspectives: The addition of different perspectives and aspirations, Zubkoff says, made for a much more diverse and interactive classroom experience.

MCC also includes a group project, and the new student mix was especially beneficial in that part of the course. The 30 to 40 students in the class are divided into groups of three or four; this year, each of the groups contained some medical students and some Tuck students.

Gardent canvasses area health-care providers to collect potential projects, and then each group picks one. The students have 10 weeks to research their project and prepare a report for presentation to their "client."

For example, the Children's Hospital at Dartmouth (CHaD) asked for help developing underwriting for a program called Come Out to Play. CHaD was hoping to contribute to this national initiative—a campaign to combat childhood obesity that is sponsored by an alliance of 53 children's hospitals—by creating a corporate sponsorship program.

R. Thomas Finn III, a first-year in the M.D.-M.B.A.

program, worked on this project with another medical student and two Tuck students. He found it "a truly stimulating . . . environment, which fostered provoking discussions and debates. The clients were so pleased. . . . They suggested we present the [report] to the entire board

through a video conference."

DMS first-year Dana Lin also worked on the CHaD project. She found the Tuck students not only "adept at crafting sleek PowerPoints and delivering polished talks to clients, but [also] able to think critically on the fly. . . . I was impressed by their professionalism," she says.

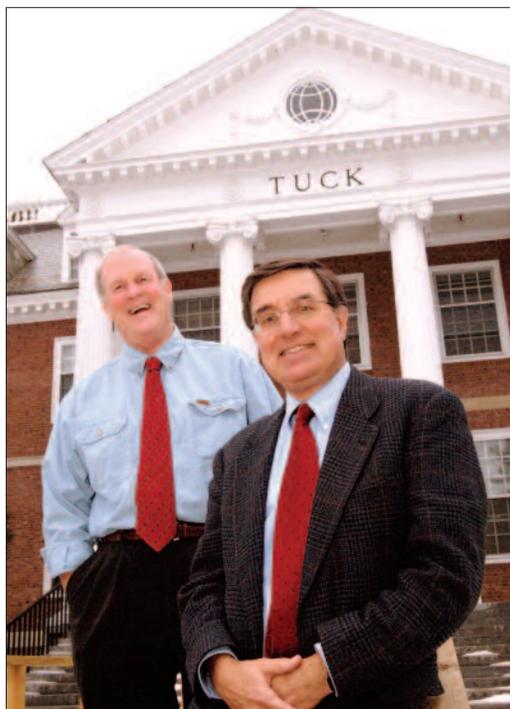
Another project involved working with the Dartmouth Hitchcock Advanced Response Team (DHART), which provides air- and land-based medical transportation throughout Northern New England.

DHART wanted an unbiased "report card" evaluating the effectiveness of their services. And they were hoping for a tool that could be used to evaluate any helicopter service, according to uniform standards.

Metrics: Dr. Richard Kutz, a student in the Dartmouth Institute's master's of public health program, was in the group that worked with DHART. "The most difficult part," he jokes, "was finding common time to meet . . . because of the different class schedules." However, he continues, "the project was ideal for a multidisciplinary group. There was a position that fit everyone well. . . . The Tuck students focused on the financial and customer-service portion, while the M.P.H. and medical students dealt with process and outcome metrics. Overall, it was a valuable experience."

It could be a course that will survive for another 30 years.

ROGER P. SMITH, PH.D.



Zubkoff, left, and Gardent, right, on the Tuck School campus.

ION GILBERT FOX



AW, THAT'S SWEET: The DHMC Blood Donor Program is always looking for donors, since 1 in 10 patients requires a transfusion—so during February, the program expressed appreciation to donors by giving out free chocolate truffles.

THEN & NOW

A reminder of the pace of change, and of timeless truths, from a 1919 monograph titled *The Mary Hitchcock Memorial Hospital—Its First Quarter Century*:

“The hospital charge for private patients varied from \$15 to \$25 a week, according to the room occupied, and was \$12 a week for patients in the general wards. Although the latter charge was never sufficient to cover the expense of a patient, no one was ever refused admission because of his inability to pay that sum. . . . The Hospital was thus truly a charitable institution, from whose doors, as has been said, no one was ever turned away on account of poverty.”



\$56 million

Amount of unreimbursed charitable care and uncompensated care for Medicaid patients provided at DHMC in FY06

VA is a “gem” in the Dartmouth diadem

If you happen to be Harvard Medical School, you’re surrounded by numerous teaching and research sites for your students and faculty. But if you’re Dartmouth Medical School, you have nowhere near as many right at hand. That’s why the VA Medical Center in White River Junction, Vt., is important to Dartmouth. And why DMS’s senior advising dean, Dr. Joseph O’Donnell, calls it “our little gem of a VA.”

Of course, O’Donnell may be a tiny bit biased, having conducted his oncology practice there for more than three decades. But he and Gary DeGasta, who retired earlier this year after two decades as the chief administrator of the White River VA, positively sparkle as they list out one facet after another of this jewel:

Committed doctors: DMS and the VA recruit physicians jointly, DeGasta notes. “All White River-based docs have appointments at DMS,” he says, and 25% to 30% of the teaching of DMS students is done by VA-based faculty. “They come,” adds DeGasta, “because they want to teach . . . they want to do research.”

National centers: White River, though one of the nation’s smallest veterans’ hospitals, is home to the system’s National Center for Post-Traumatic Stress Disorder. Dr. Matthew Friedman, its director, has been developing strategies for treating it since the 1970s. DeGasta says Friedman

and his colleague Dr. Paula Schnurr are excellent examples of the kind of staff attracted by the symbiotic relationship between DMS and the VA. Furthermore, White River is also the home of the VA’s National Center for Patient Safety and its Quality Scholars Program.

Outcomes expertise: Several disciples of outcomes pioneer Dr. John Wennberg (the subject of DARTMOUTH MEDICINE’s Winter 2007 cover feature) lead the VA Outcomes Group. Drs. Gilbert Welch, Lisa Schwartz, Steven

Woloshin, and Elliott Fisher are among those who study the usage of and evidence behind medical procedures and technologies. Their work has supported Wennberg’s iconoclastic conclusion that more care does not necessarily lead to better health. DMS may be internationally recognized for its outcomes expertise, O’Donnell says, “but if you take just the VA Outcomes Group, people rate that fourth or fifth in the world.” And its staff are “in the trenches,” he adds, as “practicing docs, not in an ivory tower.”

VA firsts: “Here we are out in the sticks, but we have this big academic medical center,” DeGasta says. As a result, the White River hospital was the first VA to perform such sophisticated procedures as carotid endarterectomies. “They told us we couldn’t do that because ‘you’re a tiny little place,’ but we said we’ve got national leaders in vas-

cular surgery here at Dartmouth, and they’re going to do the surgery at the VA.”

Information infrastructure: The VA is the nation’s largest health-care system, which gives White River access to an electronic medical records system without peer. “If we want to run a study on something—diabetes or flu, for instance—[we] just push a button and all of a sudden we have the data,” says DeGasta. For example, he says the VA was the “star” of a Vermont Council for Quality diabetes project as a result of being able to quickly run an analysis of the care of hundreds of patients.

Satisfied patients: White River’s designated service area is Vermont and part of New Hampshire, but O’Donnell says the hospital also draws veterans from

JON GILBERT FOX



The DMS-affiliated White River VA.

Massachusetts, New York State, and Maine. And DeGasta adds that many veterans who could easily afford private-sector care prefer what they see as the better-coordinated care offered by the VA system.

Awards: In 2007, the White River VA received its sixth-in-a-row Carey Award, which the VA presents to the top performers, on the basis of measured excellence, among its 150 hospitals.

DeGasta also casts his regard for the White River facility in very personal terms. He arrived there in the 1970s as a social worker, left for posts at other VA hospitals, and then did a stint at the system's headquarters in Washington, D.C. After that, he says, "I could have chosen any place in the system, but I wanted to come back here."

O'Donnell and DeGasta are enormously proud of the quality of care that patients receive at White River. Even during times of budgetary belt-tightening—including an unsuccessful 1999 move by central VA managers to turn White River into an outpatient clinic, the focus has stayed not only on doing things right but on persistently measuring the quality of the care that is delivered there.

O'Donnell offers a final assay of the quality of Dartmouth's "gem" in White River by saying, "Other medical schools would be really lucky if they had a relationship with a VA that's as good as our VA. On every measure of quality you can think of, the VA either equals or beats the private sector."

JAMES DICLERICO

CLINICAL OBSERVATION

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

Peter DeLong, M.D.

Assistant Professor of Medicine

The only interventional pulmonologist in northern New England, DeLong specializes in the diagnosis and palliation of thoracic cancers. He has been at Dartmouth-Hitchcock since 2004.

What made you decide to become a physician?

There were many reasons for submitting to the endless training, deferred gratification, and institutionalized infantilization: the combination of applied science and direct contact with people in need made it fascinating. In addition, it was one of those fields I thought could never be



mastered and so would remain interesting for a whole career. Later, I came to realize that being a physician allows for, and sometimes compels, many different skill sets—research, direct patient communication,

managing resources, teaching colleagues and trainees, making public presentations—all in some way related to helping sick people. The combination of these various challenges can be fun and is rarely boring.

Of what professional accomplishment are you most proud?

I was involved in work showing that lung cancers suppress the immune response against them, and that this suppression can be decreased to help the body fight tumors.

What advice would you offer to someone who is contemplating going into your field?

Regarding medicine generally, I tell people that if they can be happy doing something else, they should do it. Medicine these days has some rewards, but it is endlessly regulated, certified, and

credentialed to the point of distraction—especially if you practice in more than one area. On the other hand, there is still an incredible amount of patient care, teaching, and research work to be done if you can get into a sustainable position to do it. So it's *caveat emptor*.

What's your favorite nonwork activity?

I like to build things. I've built furniture, guitars, houses, a sauna, a boat. Although I have not had much free time recently, when I do, building is one of the first things I gravitate to. I also like to escape to the woods with my dog and a pair of snowshoes.

What music is in your CD player right now?

Emmylou Harris, *Beggars Banquet* (by the Rolling Stones), Patty Griffin, and Metallica.

What are your favorite books?

I have always loved *A River Runs Through It* by Norman Maclean. I got to meet him once—he's a small man, not what I expected. He was delightful. I also like *The Cider House Rules*—John Irving coached me as a high-school wrestler. I love his view of the world, especially in that book. *Out of Africa* is a beautifully written book that I have reread five or six times. Mostly I read history, topical biographies, and travel books.

What about movies?

My taste in movies is pretty random. *My Life as a Dog* is a favorite. Also *The Jericho Mile*; *Cal*; *The Player*; *A Man for All Seasons*; *Shakespeare in Love*; *Lock, Stock and Two Smoking Barrels*; and *The Departed* (because I grew up in Boston). They are not really related in any way except that I think they succeed at what they attempt, so I take them on their own terms.

What is your idea of earthly happiness?

Fifty-odd acres in a pleasant place and time to enjoy it.

What is a talent that you wish you had?

I would like to be able to write music easily.





AND ONE TO GROW ON: This spring, DMS marks the 10th anniversary of its Community Medical School with an eight-week public lecture series on "Great Discoveries Then and Now." More than 5,000 people have attended since 1998.

WE'D ALSO LIKE TO THANK . . .

The editors of DARTMOUTH MEDICINE aren't yet calling themselves "moviemakers," but they no longer generate just words and still images. Two years ago, they began producing videos, podcasts, and other multimedia enhancements to DM's online edition. These "web-extras" recently received the Association of American Medical Colleges' top national award—the Award of Excellence—in the Electronic Communications, Rich Media category.



It's not quite a gold statuette, but the staff is pleased by the recognition. (See page 2 for more on the genesis of the initiative.) The AAMC judges called DM's multimedia "elegant" and "a top-notch job." The web-extras are now a major draw on the DM website, which attracts over 1.5

million visitors a year. (To view them, go to dartmed.dartmouth.edu and click on any of the blue **WEB EXTRA** icons.)

The AAMC also gave the magazine's print edition an Award of Distinction. The judges called DM a "classic of external magazines" and a "standard for the field." They praised its design ("takes you through the magazine as a whole, not just through each story"), its writing ("one of the best-written publications in the bunch"), and its "great mix of harder and softer pieces."

The awards are "a tribute to the magazine's many collaborators and contributors," says Editor Dana Cook Grossman. A.S.

VILLAGE IMPROVEMENT SOCIETY

A family in rural Ecuador might be able to raise \$250 to pay a surgeon to fix their child's congenital heart defect. But add in the cost of lodging, transportation, and medical supplies, and surgery is impossibly expensive for most such Ecuadoreans.

So in 2005, Nicholas Ellis, now a second-year DMS student, founded Medicine, Education, and Development for Low Income Families Everywhere (MEDLIFE). The organization funds educational programs and health-care services for Ecuadorean villages and short-term treatments for villagers with serious health problems. "We trust in the Ecuadorean health system," says Ellis. "That's a point of pride for me."



Ellis, left, examines an Ecuadorean child.

MEDLIFE—a recipient of Dartmouth's 2008 Martin Luther King, Jr., Social Justice Award—recruits student volunteers from four different colleges. More than 100 have participated from Dartmouth. A.T.

DMS third-years: California, here they come

I think this is the beginning of a beautiful friendship," says Humphrey Bogart to Claude Rains in the film classic *Casablanca*. Minus the international intrigue and Moroccan café, DMS has started a "beautiful friendship" of its own—an educational partnership with California Pacific Medical Center (CPMC), a major teaching hospital in San Francisco.

Diversity: Third-year DMS students now have the option of doing some of their required clerkships at CPMC, where they will see patients with "great diversity of medical diagnoses, backgrounds, cultures, and countries of origin," explains Dr. David Nierenberg, DMS's senior associate dean for medical education. CPMC is one of the largest private, not-for-profit teaching hospitals in California.

"There's a much larger African American, Hispanic, and Asian [patient] community" at CPMC, says third-year Haitham Ahmed. He and classmate Carolyn Presley completed the first CPMC clerkship in psychiatry. Rotations in inpatient internal medicine began in March, and rotations in neurology will start in July.

The collaboration was initiated by CPMC. Dr. Warren Browner, vice president of academic affairs there, contacted Nierenberg and said that the California institution

had a strong research enterprise, solid residency programs, and "lots of faculty members enthusiastic about teaching," but lacked a steady flow of medical students. The staff wanted to affiliate with a medical school—but one outside San Francisco, to avoid clinical competition with other Bay Area medical centers.

For Nierenberg, the timing was perfect. Most of DMS's clerkships are in rural areas—northern New England, Arizona, Alaska—and DMS had actually been looking for large, urban hospitals with substantial cultural diversity to use as alternative training sites.

Chronic: During their psychiatry clerkship at CPMC, Ahmed and Presley worked both on the consult service and in the inpatient unit. Many psychiatry in-



Some DMS students have started doing clinical rotations at California Pacific Medical Center.

patients there are homeless or on state assistance due to chronic psychiatric disorders, and 25% to 30% have substance abuse problems, says Dr. Stephen Brockway, director of the clerkship.

Factors: Ahmed recalls one patient, admitted for alcohol withdrawal, whom he presented during daily rounds. “He would always say that he was suicidal or homicidal . . . because that was his cry for help. I think I learned a lot from that patient,” Ahmed says, “whether it was his socioeconomic factors—such as being homeless—impacting his clinical outcomes, or whether I was just learning about the physiology of alcohol withdrawal.”

Presley enjoyed her stint on the West Coast, too. “The nurses, occupational therapists, and social workers participate in rounds with residents, med students, and attendings,” she says. “I am very impressed with how easily the staff adjusted to incorporating a medical student into the team.”

Option: As clerkships are added in other specialties, Nierenberg anticipates that every DMS student will have the option to do a rotation at CPMC. “It could really broaden the horizons of our students . . . and I think they would end up being stronger physicians if they had the advantage of this additional experience, on top of the terrific training that they already get here at DHMC and the VA.

“This is not in any way to replace” current training sites, Nierenberg adds. “It’s like icing on the cake that’s already there.”

MATTHEW C. WIENCKE

INVESTIGATOR INSIGHT



In this section, we highlight the human side of biomedical investigation, putting a few questions to a researcher at DMS-DHMC.

William Rigby, M.D.
Professor of Medicine and of Microbiology and Immunology

Rigby studies the regulation of the immune response at the molecular level and runs rheumatology clinical trials; he also cares for patients with rheumatoid arthritis. He joined the faculty in 1987.

How did you decide to go into medical research?

I come from a family of physicians. My father would describe his operations at the dinner table. I considered almost every discipline in medicine, yet always knew research had a special attraction. However, few are prepared for the frequent failure that is innate to basic scientific research. I certainly wasn’t and failed multiple times before and during medical school. After working full-time as an emergency room physician, I decided to give research one more chance. I still remember the feeling of using a microscope on a cold, rainy April Friday in 1983 and realizing that there was something interesting going on down there.



What advice would you offer to someone contemplating going into your field?

Be sure that you love what you do and that you find happy people to work with. After that, it’s a piece of cake.

What activities do you enjoy outside your work?

Hiking, biking, skiing, cooking, gardening.

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

I’d probably pick the Battle of Britain during World War II, in order to witness the courage of a society inspired by great leadership.

What was your first paying job?

My first job was in high school in Los Angeles—working at A&B Chevy on Westgate and Wilshire. I became familiar with an impact wrench, a grease gun, and some truly memorable people.

What about you might surprise people?

There are so many things. How about that I worked on a kibbutz as a plumber’s helper and considered emigrating to Israel?

Where do you do your best thinking?

I wish I knew. I’d go there more often.

What is the greatest frustration in your work?

The ever-growing intrusion of regulatory bodies into nearly every aspect of medicine and medical education. Who regulates the regulators?

And the greatest joy?

Realizing that you have made a difference, whether it’s uncovering a scientific puzzle, taking care of a person, consoling a family member, or teaching a student or resident. And the greatest personal joy is family.

What is the accomplishment of which you’re proudest?

Raising two great kids.

Finish this sentence: If I had more time I would . . .

Hurry less and enjoy the moment more.

What’s your favorite movie? Favorite poem?

My favorite movie is *Ferris Bueller’s Day Off*. And my favorite poem is “Forgetfulness” by the American poet Billy Collins.

Who was your scientific mentor?

Michael Fanger, Ph.D., who came to DMS in the early 1980s and catalyzed the growth of a great immunology program. He has played so many roles in my career, including teacher, editor, advocate, and friend.

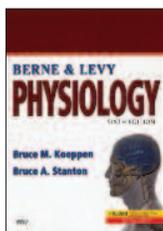
What do you admire most in other people?

Personal warmth, a happy outlook on life, and an ability to elicit the same from others.

**New on the bookshelf:
Recent releases by
DMS faculty authors**

The Parent's Guide to Eating Disorders. By Marcia Herrin, Ed.D., M.P.H., adjunct assistant professor of community and family medicine at DMS; and Nancy Matsumoto. Gürze; 2007 (second edition). This book describes a step-by-step approach to help parents normalize their child's eating and exercise patterns. It covers the medical consequences of eating disorders and explains how to deal with peers, school, camp, and sports. The book also includes a mother's first-person account of her daughter's recovery from anorexia.

Physiology. Edited by Bruce M. Koeppen, M.D., Ph.D.; and Bruce Stanton, Ph.D., professor of physiology at DMS. Elsevier Mosby; 2008 (sixth edition). Designed for medical students, this



textbook uses an organ system-based approach to describe the mechanisms that regulate bodily functions. Disease and abnormal functions are discussed as well. The volume includes new full-color artwork and contains clinical and molecular information set apart from the main text.

MEDIA MENTIONS: DMS

Among the people and programs coming in for prominent media coverage in recent months was the physician who pioneered the field of outcomes research. “Data has been assembled by Dr. **Jack Wennberg** and his associates at Dartmouth Medical School for at least two decades,” a guest on National Public Radio’s *Talk of the Nation* noted, mentioning that “states’ spending per capita on health varies enormously.” The *Baltimore Sun* cited Wennberg’s research, too, in an article about a “new hypothesis” in health care, in which “doing less for patients might improve their health while controlling costs.” (See dartmed.dartmouth.edu/winter07/html/braveheart.php for a recap of Wennberg’s career.)



Two researchers who collaborate regularly with Wennberg also showed up in the press—in the *Atlantic Monthly*. The article, which was subtitled “The health-care crisis no candidate is addressing? Too many doctors,” mentioned that “**Elliott Fisher**, a physician and researcher at the Center for the Evaluative Clinical Sciences at Dartmouth, quipped at a recent gathering at the Institute of Medicine, ‘If we sent 30 percent of the doctors in this



country to Africa, we might raise the level of health on both continents.’” The article also noted that “in a paper published last year in the journal *Health Affairs*, **David Goodman** and his colleagues at Dartmouth examined care at academic medical centers. . . . They tallied the number of doctors” at each and found not only that “the variation was enormous” but that hospitals that used more doctors “did not produce better outcomes than hospitals using relatively few doctors.”



Several other publications cited work by Wennberg and his colleagues, including *Consumer Reports*, the *New York Times*, and the *Miami Herald*. “A 2003 Dartmouth study found that up to 30 percent of the \$2 trillion spent in this country on

medical care each year—including what’s spent on Medicare and Medicaid—is wasted,” *Reader’s Digest* noted. And the *Star-Telegram* of Fort Worth, Tex., said, “Increased spending doesn’t necessarily buy increased quality of care. A Dartmouth Medical School analysis of Medicare . . . found vast disparities in payments—but they varied based on geography rather than on how sick the patients were, or how good the treatment.”

A Dartmouth surgeon spoke with the *Pittsburgh Tribune-Review* about financial incentives that encourage liver transplant centers to give organs to healthier patients. “No question, if you’re relatively healthy coming in, you’re going to cost less and they’re going to make more money at a center,” said Dr. **David Axelrod**, transplant surgery chief at Dartmouth-Hitchcock Medical Center. . . . ‘They’re not doing this just to make money, but the economics are clearly driving a portion of this issue. There are clearly economic benefits.’”



For perspective on a finding that uninsured patients are more apt to be diagnosed with late-stage cancer, the *New York Times* looked north. “Do these findings mean that patients without insurance are being diagnosed too late, or that insured patients are being excessively diagnosed?” said Dr. **H. Gilbert Welch**, a professor at Dartmouth who studies the usefulness of medical procedures.” And in a *U.S. News & World Report* article about women with ductal carcinoma in situ (DCIS), “Welch argued that as mammography continues to detect smaller and smaller DCIS lesions, there can be a tendency to overtreat.” Welch weighed in on prostate cancer screening, too. “Many men agree to prostate screening without thinking much about it,” he told MSNBC.



“Do cholesterol drugs do any good?” *Business Week* asked in a January 17 cover story about statins. Among the national experts tapped to answer this question was a Dartmouth physician-researcher.

A N D D H M C I N T H E N E W S



“Difficult risk-benefit questions surround most drugs, not just statins. One dirty little secret of modern medicine is that many drugs work only in a minority of people. ‘There’s a tendency to assume drugs work really well, but people would be surprised by the actual magnitude of the benefits,’ says Dr. **Steven Woloshin**, associate professor of medicine at Dartmouth Medical School.”

A story in the *Washington Post*, about a University of Pennsylvania study which found that radiation therapy doses can vary widely among hospitals, quoted “**Candice Aitken**, assistant professor of radiation oncology at



Dartmouth-Hitchcock Medical Center.” Aitken explained that intensity-modulated radiation therapy “can help us sculpt the dose around an odd-shaped tumor next to a critical structure.” The point of the study, said Aitken, “is that we need to come up with methods of reporting doses so that we can interpret studies performed at different institutions better.”

The *New York Times* cited a Dartmouth expert on *in vitro* fertilization [IVF] in an article about the effort to reduce multiple births. “We have been getting better at IVF



over the years, and as success rates go up, the number [of embryos] we transfer has to go down accordingly,’ said Dr. **Judy Stern**, director of the human embryology and andrology lab at Dartmouth-Hitchcock Medical Center. . . . ‘Where three embryos used to work and give you mostly singletons, now we transfer two, because we’re making better embryos and more of them implant.’” (See dartmed.dartmouth.edu/summer07/html/disc_fertility.php for more on Stern’s work.)

A Harvard study of aortic aneurysm repair “is likely to hasten the trend toward more procedures being done with a device called a stent-graft instead of the typical surgery,” the *Wall Street Journal* recently reported. “Vascular surgeon **Robert Zwolak** of Dartmouth



Medical School, who had read the study,” told the *Journal* that “‘surgical repair, even though it’s a very good operation, has this instance of incisional hernias and bowel obstruction that somewhat tarnishes it.’ . . . The study showed the difference in death rates from surgery compared with stent-grafts increased with the patients’ age. Dr. Zwolak said he especially is inclined to use stent-grafts in relatively older patients, from 75 to 84 years old.”

“Dr. **Henry Bernstein**, . . . chief of general academic pediatrics at Dartmouth,” answered some questions recently in the *Denver Post*. One reader asked if it’s safe for children to take adult vitamins. “Children older than four years of age may have similar recommended daily values for certain micronutrients as adults,” Bernstein explained. “How-



ever, it’s generally safest to wait until age 12 before giving an adult vitamin to a child.” Another reader wondered about giving extra vitamin C to a child. “The ‘upper limit’ of vitamin C, meaning the most your child should have in a day, is 400 milligrams for 1- to 3-year-olds and 650 milligrams for 4- to 8-year-olds,” said Bernstein.

“Most dermatologists tell their patients that diet plays no role in acne,” said the *Boston Globe*. “New research suggests that’s wrong.” Old research suggested it was wrong, too. A DMS adjunct professor, “Dr. **William Danby**, . . . from 1973 to 1980 kept a detailed log of his patients’ diets in a quest to understand the root of their acne. . . . He noticed a trend:

Those who consumed the most dairy also had the most severe acne.” Another DMS adjunct was quoted, too. “Dr. **Jeffrey Dover** . . . finds the milk studies fascinating. ‘I have had some nice successes with suggesting to patients that they don’t eat dairy,’ he says, ‘and I’ve seen at least a handful of patients with very impressive improvement of their acne that was very stubborn up to that point.’”

USA Today looked into the rising use of sleeping pills, noting that the number of prescriptions is up 60% since 2000, while the



number of emergency room visits due to the use or misuse of a new class of such pills is up 19% since 2005. “**Michael Sateia**, chief of sleep medicine at Dartmouth, says there are many problems that may give rise to insomnia. For example, a patient’s rest may be disrupted due to sleep apnea, a sleep-related breathing disorder that can actually be exacerbated by sleeping-pill use. ‘An accurate diagnosis is critical to developing a treatment plan,’ he says.”

The *Times of London* recently took on several health myths, including the advice to drink at least eight glasses of water daily.



“One academic, **Heinz Valtin** of Dartmouth Medical School, . . . has tried to scotch the myth, without success. In the *American Journal of Physiology*, he concluded that it had no basis at all. Nor is it true, he says, that caffeinated drinks do not count. They do, and so do weak alcoholic drinks, such as beer, in moderation. For healthy adults living in a temperate climate leading sedentary lives—just the kind of people never seen without a plastic bottle—the injunction to drink more water is nonsense.”



THE DAILY DISH: The food service program at DHMC, which turns out 4,500 meals daily, has a new, energy-efficient dishwasher that pulverizes and compacts waste; it's projected to reduce waste volume by 85%.



Worthy of note: Honors, awards, appointments, etc.

Robert Gougelet, M.D., an assistant professor of medicine, was named vice chair of the U.S. Department of Homeland Security's National Advisory Council. The group advises the administrator of the Federal Emergency Management Agency on preparedness and emergency management.



Richard Comi, M.D., an associate professor of medicine, was recognized by *Men's Health* magazine as one of the nation's top doctors in endocrinology.

Alan Rozycki, M.D., a professor of pediatrics (and a 1963 graduate of DMS), was honored with the creation of the Alan A. Rozycki Commitment to Excellence Award. The annual award will highlight an individual whose extraordinary work has had an impact on the quality of the patient experience in general pediatrics at the Children's Hospital at Dartmouth.



Claudine Bartels, Ph.D., a research associate in pathology, was one of 31 scientists named a "Top Young Investigator" by *Genome Technology Magazine*.

Kristine Karlson, M.D., an assistant professor of community and family medicine, was chosen as a

team physician for the rowing, canoe/kayak, and triathlon teams at the 2008 Summer Olympics in Beijing.

Lynn Butterly, M.D., an associate professor of medicine, received the Singer Family Award for achievements in furthering the mission of the American Cancer Society in New Hampshire.

Lisabeth Maloney, M.D., an associate professor of anesthesiology, was re-elected to the board of the Northeast Health Care Quality Foundation.

David Axelrod, M.D., an assistant professor of surgery, received the 2007 American College of Surgeons Health Policy Scholarship for General Surgeons.

William A. Nelson, Ph.D., an associate professor of psychiatry, was recently selected by the National Rural Health Association as a fellow in the Rural Health Fellows Program.

Linda von Reyn, R.N., Ph.D., senior nurse executive for DHMC, received the 2007 New Hampshire Nurse Leader Award from the New Hampshire Organization of Nurse Leaders.

Guiseppe Raviola, M.D., a resident in child and adolescent psychiatry, was one of 10 residents nationwide to receive a Laughlin Fellowship from the American College of Psychiatrists.

Lucinda Leung and **Leslie Morris**, second-year M.D. students, won an award for best poster presentation from the Northeast Society of Teachers of Family Medicine. (See page 12 for more about the project they presented.)

Richard Showalter, senior vice president of finance for DHMC, was recently elected to the board

of directors of the Endowment for Health, New Hampshire's largest health foundation.

Dennis Tobin, administrative director of rehabilitation services at DHMC, received the 2007 Regent Award for his volunteer efforts on behalf of the Northern New England Association of Healthcare Executives. The New Hampshire Occupational Therapy Association also honored him with its 2007 Occupational Therapy Practitioner of the Year Award.

Polly Campion, R.N., M.S., director of clinical improvement and director of the Office of Patient Safety at DHMC, received the 2007 New Hampshire Foundation for Healthy Communities' Innovators Award, which recognizes leadership and creativity in improving health-care access, delivery, and quality.



The **Norris Cotton Cancer Center** was a recipient of the Blue Cross and Blue Shield companies' Blue Distinction recognition in the Complex and Rare Cancers category. It was the first year this category was included in the program, which uses evidence-based selection criteria.

DHMC received three other recent awards for clinical excellence. The U.S. Department of Health and Human Services presented the Medical Center with its **Medal of Honor for Organ Donation** in recognition of an organ donation rate of 75% or more of eligible donors. The American Stroke

Association chose DHMC for its **Get With The Guidelines—Stroke Initial Performance Achievement Award**. And DHMC was ranked among the top 100 hospitals nationwide for **clinical outcomes in cardiovascular care** by Thomson Healthcare.

DHMC also received recognition in four other arenas. The Medical Center was inducted for the second time into the Hall of Fame of **Best Companies to Work for in New Hampshire** by *Business NH Magazine*; induction, for a two-year period, requires being chosen for the "Best Companies" list in four of the five preceding years. DHMC was also the recipient of three **eHealthcare Leadership Awards**—platinum for its Quality Reports website, gold for its Out-of-Pocket Estimator, and silver for its Patient Online site. DHMC was selected by *Hospitals & Health Networks* magazine for its annual **"Most Wired"** ranking, in the Small and Rural Hospital category. And DHMC was named one of the top 50 hospitals in the U.S. for **complete and compliant medical coding**.

Erratum: The cover article in our Winter 2007 issue, about Dr. Jack Wennberg's work on variations in health-care delivery, contained a quotation with an error. Health-care blogger Matthew Holt commented that "it's become impossible to argue with Jack on the evidence—even though his findings are tilting at a \$2-billion industry with good reason to ignore them." There's a "b" in that passage that should have been a "tr"—health care in the United States is a \$2-trillion industry. We extend a billion apologies . . . no, make that a trillion . . . for the error. ■