

Orthopaedist Weinstein is named Clinic president

Three weeks into his tenure as president of the Dartmouth-Hitchcock Clinic (DHC), veteran orthopaedic surgeon James Weinstein, D.O., smiles at the question: How's your back?

"My shoulders? My back? My head?" he says. "They're all good. I'm excited."

Excited, and carrying a full load: While he has stepped aside as chair of Dartmouth's Department of Orthopaedics, Weinstein is still director of the Dartmouth Institute of Health Policy and Clinical Practice (TDI). And he will continue to see patients; write; and lead research, such as the Spine Patient Outcomes Research Trial (SPORT), a national, \$21-million study comparing surgical and nonsurgical options for back pain.

Learn: "My environments have changed a lot," Weinstein says. "I've tried to learn from every one of them. I want to constantly learn how to make the world a better place. I know I want to help people."

He just didn't picture himself one day helping people in quite so many roles, all at once, back when he was earning his degree at the Chicago College of Osteopathic Medicine in the 1970s. Or even during over a decade as a surgeon and a researcher at the University of Iowa.

The turning point in his career came in the mid-1990s, when he took a sabbatical from Iowa to earn his M.S. at TDI—then called the Center for the

Evaluative Clinical Sciences (CECS). During that year, he saw the light that CECS's founding director, John Wennberg, M.D., was shining on the assessment of medical outcomes and geographic variations in the use of health care.

Vision: "His vision captured my very spirit and being," Weinstein says. "I thought, 'Here's somebody who thinks like I do, who's much smarter than I am, that I can learn from.'" In 1996, Weinstein heeded Wennberg's call to return to Dartmouth as a professor of surgery and of community and family medicine at DMS, and as director of the surgical outcomes assessment program. Soon, Weinstein had also established DHMC's Spine Center and become its director.

In 1998, he and Wennberg founded the nation's first Center for Shared Decision Making at DHMC. It is aimed at helping patients make informed choices about their care, including whether to join a clinical trial. In 2000, he launched SPORT, the largest clinical trial ever supported by the National Institute of Arthritis and Musculoskeletal and Skin Diseases. And in 2003, he was named chair of Dartmouth's newly created Department of Orthopaedics.

Atlas: Weinstein also collaborated often with CECS physician-researchers, including coauthoring the *Dartmouth Atlas of Musculoskeletal Health Care*. In 2007, he succeeded Wennberg as



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Weinstein has donned many hats during his 14 years at Dartmouth-Hitchcock.

the director of CECS, the same year that it became TDI.

And, somehow, he continued to multitask without compartmentalizing his roles. "I don't disconnect one from the other," he says. "Everything I've done is about all those things together."

Pain: That approach flows from his research on pain. "People are suffering. That's something that doesn't make me feel very good. I feel uncomfortable about that. So when you feel uncomfortable, you want to make change. At the end of the day, I just want to know that I did the best I could."

In his newest role, as president of the Dartmouth-Hitchcock Clinic—a 900-physician multispecialty group practice—Weinstein succeeds Thomas Colacchio, M.D., who now heads a new umbrella organization called Dartmouth-Hitchcock Health. In January, Colacchio praised his successor as "a gifted physician-leader" whose "clinical expertise, intimate knowledge of health policy, and . . . innate ability to engage others will be invaluable assets." And William Green, Ph.D., the dean of DMS, called Weinstein's appointment "an

unprecedented opportunity" to fully integrate medical practice and medical and scientific education and research.

"The whole world's watching," Weinstein says of the effort to reform health care in the U.S. "The private sector—hospitals, communities—need to start making some changes. Not just to measure health-care outcomes from a TDI perspective, but to change it.

"We can sit on our hands and say, 'The insurance companies need to do X, the hospitals need to do Y, the doctors need to do Z, and that'll get us there.' We're in a very difficult financial time, and health care can't continue to go up and increase its cost as rapidly as it is. On the other hand, we can't have everyone asking us to do things for free. So where's the right answer? The right answer is some common ground that starts to move the ball down the field."

And he knows the effort requires more than a multifunction quarterback. "We've got a lot of good people here," he says. "I'm pretty lucky. I can't do any of those things by myself."

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