



WELL-HEALED: The Norris Cotton Cancer Center ran a series of five Healing Tapestry workshops in April. Cancer survivors were invited to work with a visiting artist to create personal, expressive “tapestries” of textured, handmade paper.

Richard Reindollar is named chair of ob-gyn

He expected to follow in his parents’ footsteps and become a schoolteacher. Instead, in September, Dr. Richard Reindollar will follow in Dr. Barry Smith’s footsteps and become chair of the DMS Department of Obstetrics and Gynecology.

Funding: Internationally recognized for his work in reproductive endocrinology and infertility, Reindollar has been on the faculty at Harvard since 1997. He is also director of reproductive endocrinology and infertility at Beth Israel Deaconess Medical Center and principal investigator for the two largest clinical infertility studies in the nation; he’ll bring oversight of the trials (and their funding) with him to Dartmouth this fall.

The studies, which are looking at the cost-effectiveness of different approaches to infertility care, are being run with several Boston organizations; DMS’s Department of Community and Family Medicine and Center for the Evaluative Clinical Sciences will join the collaborative and analyze the data when the studies are completed.

“We are studying whether conventional infertility treatments are appropriate as the first line in moving toward *in vitro* fertilization, or whether it’s cost effective to move rapidly into *in vitro* fertilization,” Reindollar explains. About 500 couples are enrolled in the FASTT (Fast Track and Standard Treatment Track) trial, for women under 40 years old. About 450 will be enrolled in FORTT (Forty and

OveR Infertility Treatment Trial), for women 40 to 43.

Reindollar received his M.D. from Bowman Gray, did his residency at York (Pa.) Hospital, and completed a fellowship in reproductive endocrinology and genetics at the Medical College of Georgia. He stayed on the faculty there for five years, never expecting to one day specialize in infertility, let alone run clinical trails. “We trained in pure reproductive endocrinology—sexual ambiguity, delayed and precocious puberty, and menstrual abnormalities,” he says.

In 1986, he was hired as director of the Division of Reproductive Endocrinology at Tufts New England Medical Center; he also set up a molecular biology lab at Tufts Medical School. Ten years later, he moved across town to Harvard.

Reindollar now looks forward to moving north. “It will be really exciting for me to leave the bustle of a very competitive but large patient base and come to a more rural community,” he says. He’s impressed with the collaborative spirit that “permeates throughout the entire Medical Center and Medical School.”

In his new role, he hopes to strengthen local and regional clinical care; build the teaching and research programs; establish fellowships in reproductive endocrinology, maternal-fetal medicine, and urogynecology; and expand the reproductive medicine network in northern New England. “Barry Smith put together this very, very strong pro-



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Richard Reindollar, new ob-gyn chair.

gram and really developed strong ties throughout the region and especially the southern part of the state,” Reindollar says. He also looks forward to collaborating with Dr. Emily Baker, who as interim chair “continued to grow the department and to lead in a fashion that I’ve just not seen for interim chairs.”

Leadership: Reindollar is a delegate to the American Board of Obstetrics and Gynecology, the specialty’s certifying organization, and has held leadership roles—including as president—in several other national and regional specialty societies.

His parents may have been teachers, but his family now includes a couple of doctors. His wife, Dr. Ann Davis, is an ob-gyn who specializes in pediatric and adolescent gynecology; she is currently on the faculty at Tufts and may join the DMS faculty next year. And his identical twin brother is a gastroenterologist in North Carolina. But it’s too soon to tell in whose footsteps his two teenage sons will follow.

Laura Stephenson Carter

DHMC symposium: Health-care data should be made public

Americans know more about the safety, quality, and efficiency of the cars they drive than of the places they seek medical care. Why? Because over the years not many hospitals and clinics have collected data about their performance—such as the number of inpatients who die from a heart attack or the satisfaction of patients upon discharge—and only recently have a select few made such data available to the public. (See page 16 for news on DHMC’s actions in this regard.)

But measuring and reporting outcomes is just what’s needed to improve U.S. health care and stymie skyrocketing costs, said six national health-care leaders who gathered for a symposium at DHMC in late May.

“We have made a commitment to transparency, a commitment to making the information that patients need . . . available, and using that information for improvement,” says Paul Gardent, executive vice president of DHMC, after the event. But “we don’t want to simply look within the walls of our medical center,” he adds. He and other Dartmouth-Hitchcock leaders want to “think more broadly and more strategically about the health information needs” of the future.

Ideas: To bring forth new ideas, Gardent and Dr. Thomas Colacchio, president of the Dartmouth-Hitchcock Clinic, hosted a symposium titled “Med-