

THEN & NOW

A reminder of the pace of change, and of timeless truths, from *Fifty Years of Service*, a 1943 history of Mary Hitchcock Memorial Hospital:

“The Hospital was one of the first in America to be built on the pavilion plan. . . . At the end of each corridor was a one-story domed ward, 28 by 36 feet, each accommodating 10 patients and each having projections to the north containing four private rooms. Further to the north . . . was the surgical unit, containing a high-domed operating theater.”



315

Number of surgical patients during the Hospital's first three years (1893-1896)

16,420

Number of surgeries at DHMC in 2006

25

Number of operating rooms at DHMC today

Dartmouth-Brookings partnership: A “do tank”

A group of Dartmouth researchers joined forces with the Brookings Institution in July in a partnership that was characterized as not a “think tank” but a “do tank.” It combines Brookings’s expertise in health-policy research and development with Dartmouth’s in population-based research programs.

“We’re trying to both sharpen the research that we do to make it directly relevant to policy-makers and . . . improve the policy that’s being crafted,” says DMS’s Dr. Elliott Fisher. He and Dr. Mark McClellan, former administrator of the Centers for Medicare and Medicaid Services and now a senior fellow at Brookings, are codirectors of the initiative.

“I view this as a ‘do tank,’” McClellan told *American Medical News* in announcing the project, “not a think tank . . . not a center for writing papers in an ivory tower.”

**Plague:** The partnership will bring together researchers, lawmakers, and regulators to develop and implement policies that address what Fisher calls “the rising costs and uneven quality that plague the United States” health-care system.

One of the first issues to be addressed will be the Medicare physician payment system—assessing the impact that modifying the system would have on practicing physicians and on the Medicare Trust Fund.

Much of the work involved in the project will be based on the health-care databases developed

and maintained by Dartmouth’s Institute for Health Policy and Clinical Practice (formerly the Center for the Evaluative Clinical Sciences, founded by Dr. John Wennberg—for more on the origin of the organization, see the feature starting on page 30 in this issue).

**Variations:** Research from these databases is the foundation for the *Dartmouth Atlas of Health Care*, which has highlighted striking geographic variations in the rates at which Americans use health-care resources and the influence that the local supply of resources (such as hospital beds) has on those rates. Fisher is the primary investigator for the *Dartmouth Atlas* as well as the lead author of a series of papers pointing out the paradoxical relationship between spending and quality in the U.S. health-care sys-

tem—the fact that more spending often results in worse outcomes. The Dartmouth-Brookings initiative is expected to help translate this research into policy reform.

“Dartmouth is not only leading the way in identifying shortfalls in quality and cost in the current health-care system [but also is] identifying and evaluating ways to fix the problems,” said McClellan at the public announcement of the partnership. “With all the Congressional attention around improving Medicare’s payment systems, now is the time to turn these ideas into policy action.”

“It’s a great opportunity for both” Brookings and Dartmouth, according to Fisher. “I think it speaks well to the center that Jack built, . . . to the faculty that Jack Wennberg has assembled, over the last 20 years.”

Laura Stephenson Carter

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Elliott Fisher is the codirector of the new Dartmouth-Brookings partnership.

JON GILBERT FOX