

ONE FLU OVER: DHMC's Dr. Henry Bernstein served on the American Academy of Pediatrics panel that just advised that kids older than six months get a flu vaccine. "Children under five are among the most vulnerable to the flu," he observes.



BOARDER PATROL INITIATIVE

This winter, don't get annoyed when some out-of-control snowboarding teenager just misses crossing your skis—he or she may be advancing medical knowledge. For the past two years, Susan Durham, M.D., a pediatric neurosurgeon at DMS, has drafted young riders to take part in a study of why snowboarders suffer more (and more serious) head injuries than skiers. The volunteers wear a plain black helmet fitted with devices that measure the force and location of head trauma when they fall. The data is transmitted to a computer and then analyzed by Durham.



Some findings are unexpected: unlike skiers, snowboarders are more likely to hit the back of their head than the front. Other results

are less surprising: male snowboarders take harder falls than females. Durham will return to the slopes this winter for another year of study. So far, it hasn't been difficult to get recruits. In fact, Durham says, "the kids think it's kind of cool." Their only complaint? "They want a more stylish helmet." A.E.

NO BUTTS ABOUT IT AT DHMC

It's nice not having to walk through a cloud of smoke at the DHMC main entrance, where one of the facility's few smoking areas used to be located: that's just one of many positive comments that Ellen Prior, DHMC's tobacco treatment coordinator, received after the Medical Center's smoke-free and tobacco-free policy was instituted in July 2008. Since then, smoking has not been allowed anywhere on the DHMC campus.

(People may smoke only in their own car, if the car is not in the parking garage.)



Compassion and education, not just compliance, have been key, says Prior. For example, DHMC offers free nicotine lozenges to family members or visitors 18 years old or over; they're available in "comfort kits" at the main information desks, in the critical-care waiting areas, and in inpatient units. Free one-on-one tobacco dependence counseling and treatment clinics are also available—to anyone—twice a week at the Health Education Center. For employees, DHMC offers full insurance coverage for tobacco cessation medications and a weekly support group for those who've quit. Compliance with the policy is at about 95%, says Prior, but the goal is 100%, "with continuous reassessment and education." J.D.

Clinic gets pay-for-performance bonus from feds

Given today's declining reimbursements for medical services, one wouldn't expect the federal government to be doling out extra money for health care. "New money from CMS [the Centers for Medicare and Medicaid Services] is an absolute windfall for any organization," says Dr. Barbara Walters, senior medical director of the Dartmouth-Hitchcock Clinic.

But as part of a pay-for-performance initiative, CMS is giving bonuses to health-care organizations that provide high-quality care efficiently. For containing costs and improving care for Medicare beneficiaries, Dartmouth-Hitchcock received an additional \$6.7 million from CMS—the largest bonus earned under the initiative.

Care: The payment was for the Clinic's performance in year two of the CMS Physician Group Practice (PGP) Demonstration, a project begun in 2005 with 10 multispecialty group practices nationwide. In the first year of the demo, two groups qualified for bonuses. In year two, four received payments totaling \$13.8 million. To earn a bonus, a PGP has to provide quality care to Medicare beneficiaries for less than is spent on comparable patients who get care from other doctors in the area. Practices that do are reimbursed for up to 80% of the savings, depending on how well they also meet several quality goals.

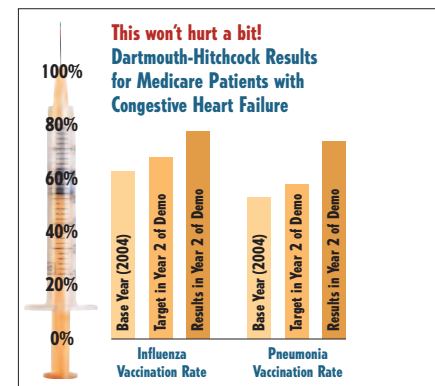
In year one, there were 10

goals for diabetes care; Dartmouth-Hitchcock met 9 of the 10 but didn't achieve enough savings to get a bonus. (For more on year one results, see dartmed.dartmouth.edu/fall07/html/vs_clinic.php.)

In year two—April 2006 to March 2007—17 quality measures for congestive heart failure and coronary artery disease were added to the 10 for diabetes. All the PGP's met at least 25 of the 27 goals, but only four—including Dartmouth-Hitchcock—met the savings target and got performance bonuses.

Team: "There's a very strong linkage between evidence-based care and resource utilization," says Dr. Alan Kono, director of the Congestive Heart Failure (CHF) Clinic at DHMC. Kono's team educated caregivers about the incidence of CHF—550,000 new cases are diagnosed annually in the U.S.—and about evidence-based guidelines. Clinicians also began using electronic charts for CHF patients that

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The graph shows Dartmouth's results on two of the demo's 27 quality measures.

track vital signs, vaccinations, tests, and more. One goal was to prevent hospital readmissions, both to improve care and to reduce costs associated with inpatient stays. Now, nurses call patients within 24 hours of their release from the hospital to make sure they're following discharge instructions. Ideally, high-risk CHF patients see a provider within two weeks of their discharge and again within a month.

Dr. Edward Catherwood, interim chief of cardiology, spearheaded the development of a similar program for patients with coronary artery disease.

"The CMS project basically caused us to take a step back and better organize all of our chronic-disease-state care," says Walters, who is coordinating work on the CMS demo.

Disagree: Health-policy experts disagree about the effectiveness of pay-for-performance initiatives. According to *American Medical News*, the American Medical Association "expressed concern that the opportunity for payments in the current project is based too much on savings and not enough on quality improvement." But Kono feels the demo "acted as a major institutional springboard to really focus on quality improvement for multiple chronic diseases."

"From a budget perspective and from a quality perspective," says Walters, "if I were the government I would say, 'Well, there's something about this that works. We should continue it, see if it works in the long run, and then spread it.'"

KATHERINE VONDERHAAR

CLINICAL OBSERVATION

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

Edward Catherwood, M.D., M.S.
Associate Professor of Medicine

Catherwood is the interim chief of cardiology. His own focus is critical care, pulmonary hypertension, and acute coronary syndromes. He joined the Dartmouth faculty in 1989 and earned an M.S. in the evaluative clinical sciences from DMS in 1997.

How did you decide to go into medicine?

As a senior in high school, after I was accepted to college, I decided to change my anticipated major from math to biology. My high school biology teacher was a major influence on me because she was so excited about science. I became attracted to medicine as a natural extension of what I felt was an aptitude for biology. Although there were no physician role models in my family, I believed I had the mind-set for the prolonged educational commitment and delayed gratification that medicine requires.



And how did you decide on cardiology?

During medical school and residency, I found cardiovascular pathophysiology to be more concrete and logical than other areas of medicine. Cardiology made sense, and I was attracted to the idea of focusing on a distinct area of medicine. The idea of being a generalist, on the other hand, seemed quite overwhelming.

If you weren't a physician, what would you most likely be?

Probably a math or biology teacher at the high school or college level.

What is the greatest frustration in your work?

The process of change can be quite slow at times. It's especially important to understand this if you are in an administrative role.

And the greatest joy?

It is wonderful to participate in the care of an acutely ill person, especially when the physicians, nurses, and other members of the care team bring that person back from the brink. Cardiology offers many such opportunities.

What kinds of things do you enjoy outside of work?

My home is a refuge from life's stresses, and I enjoy entertaining friends there. Also, having grown up in the Philadelphia area, I'm an avid Philadelphia sports fan. With satellite TV, I can watch many professional games.

What about you might surprise people who know you?

I am a fairly sensitive person and more emotional than many might think.

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

Read more of the classics, something I did not put a high priority on when I was younger.

What do you admire most in other people?

Kindness and consideration for others.

What famous person, living or dead, would you most like to spend a day shadowing?

I am currently reading *Team of Rivals: The Political Genius of Abraham Lincoln* by Doris Kearns Goodwin. It would be fascinating to have a day with Lincoln to better understand his adjustment to the stresses of the presidency and his philosophy on dealing with crisis.

What do family and friends give you a hard time about?

They chide me for taking things too seriously. Admittedly, I sometimes have to give myself permission to have fun.

What's the funniest thing that ever happened to you?

I dressed in drag for our annual fellows' dinner, which I emcee, as part of the fun at this annual roast. This was about as outrageous as I get. I suspect it was quite shocking for many in attendance, who would not have considered me capable of such a transformation. Pictures of the episode will likely haunt me for years to come.

