

MEDICARE MANIFESTO: A *Los Angeles Times* op-ed by DMS's Dr. H. Gilbert Welch posed three principles to guide Medicare: don't bankrupt our children, don't waste money on low-yield interventions, and allow time for patients and doctors to talk.



For a **WEB EXTRA** with more about the Wennberg International Collaborative, see dartmed.dartmouth.edu/w11/we04.

THEN & NOW

A reminder of the pace of change, and of timeless truths, from a 1991 history of Mary Hitchcock Hospital:

The 1950s marked “a period of profound change in the hospital’s scale, management, and capabilities. Mary Hitchcock was no longer a small business; in 1950 the hospital’s budget exceeded \$1 million for the first time, and by 1959 it had reached \$3 million [and] the medical staff had grown to 70.”



\$1.2 billion

Operating expenditures for Dartmouth-Hitchcock in fiscal year 2010

119,663

Days of inpatient service at DH-Lebanon in FY10

1.8 million

Outpatient visits at all DH locations in FY10

1,200

DH medical staff today

Dartmouth Atlas approach reveals a Berlin “wall”

More than 20 years after the fall of Communism in Eastern Europe, a wall still runs down the middle of Berlin, Germany. At least, that is, on a new map of the city produced by researchers studying variations in the delivery of health care.

The researchers analyzed flu vaccination rates in Germany and found that, probably due to the compulsory vaccination programs of the Communist era, residents of the former East Germany are still much more likely to get vaccinated than those of the former West Germany. In Berlin, the varying rates closely track where the 12-foot high Berlin Wall once stood.

Map: This map, and the data used to create it, are now readily available online, thanks to the development of a German atlas on variations in the delivery of health care. In September, Dr. Dominik von Stillfried, one of

the creators of the German atlas, presented his team’s findings to a group of researchers with similar interests at a meeting of the Wennberg International Collaborative (WIC).

WIC was established in 2010 by Dr. David Goodman, director of the Center for Health-Policy Research at the Dartmouth Institute for Health Policy and Clinical Practice (TDI), and Dr. Gwyn Bevan, a health economist at the London School of Economics and Political Science. WIC is named for Dr. John Wennberg, director emeritus of TDI and a pioneer in the field of variations research. Its mission is to help establish medical variations research globally.

Atlas: In September, participants from 14 countries attended WIC’s second annual conference, held in London. In addition to the discussion of the German atlas, there were presentations on similar studies in the United Kingdom and New South Wales, Australia, as well as discussions of research on topics ranging from the changing rate of Cesarean sections in Norway to the relationship between hospital spending and health outcomes in Japan.

WIC provides researchers who may be isolated in their own countries with a community of similarly interested scholars. Dr. André Busato, a health-care researcher at the University of Bern in Switzerland, says it’s been very helpful to be part of

WIC. “WIC is highly valued in the local research community,” Busato says. “Results labeled with WIC are taken more seriously by local health-policy and other decision-makers.”

Italy: Dr. Jeremiah Brown, an assistant professor of medicine at DMS, attended the September conference and met with Dr. Sabina Nuti, a researcher in Italy, to discuss an emerging collaboration between Dartmouth

and physicians and researchers in Tuscany. **“We’re learning... that these ideas ... are not specific to the U.S.”**

They plan first to analyze variation in the treatment of heart attacks and eventually to create an atlas of cardiovascular care across Italy.

Goodman and Bevan agree that one important goal for WIC is to enable effective comparisons between countries. “We have to understand differences between countries to make sense of variations,” Bevan says.

The group has already caught the attention of the Organization for Economic Cooperation and Development (OECD), Goodman notes. At the September conference, Valérie Paris, an OECD economist, outlined the group’s interest in health-care delivery research.

Methods: “What we’re learning is that these ideas and methods are not specific to the U.S.,” Goodman says. “Even in countries that would seem to have a very planned and centrally organized national health-care system, there are irrationalities in care reflected in variation in quality and efficiency.”

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Bevan, left, and Goodman, right, oversaw the recent meeting in London.