Imagine a health system that focuses on health, not just health care.

Imagine a system where care is based on value, not volume,
On the health of our population, not market share,
On new payment models that reward quality not quantity of procedures,
On care that patients want and need, delivered affordably, conveniently and close to home.

Imagine a sustainable health system with one goal: to improve the lives of the people and communities we serve, for generations to come.
Bob Drescher, a technician with a heating/air conditioning company and an avid outdoorsman, had been suffering from back pain for 20 years. The pain became more severe over time, forcing him to miss work and give up favorite activities like hiking and kayaking.

He came to the Dartmouth-Hitchcock Spine Center, hoping surgery was the answer. Through shared-decision making (see page 9), Drescher and his surgeons concluded that the functional restoration program—an intensive physical therapy program—was a better option for him.

Drescher now is back to working full-time consistently, and is once again enjoying long hikes and kayak trips. “Thanks to the program, I have control over my pain, and I’ve been able to regain control of my life.”
Dartmouth-Hitchcock is guided by a simple principle: to do what's right for each patient and family, providing them with the very best care, quality and service.

This includes providing good, evidence-based information on treatments and conditions so patients can make informed choices about their care paths. It means being open about our costs and our results and how other patients and families report on the care they receive. It means recognizing that every one of our 9,500 employees across the system, no matter what their position, is a caregiver.

We are an academic health system. In addition to providing high-quality care, we conduct research, educate medical students and train residents and fellows. At Dartmouth-Hitchcock, these activities are fully integrated; our research is targeted at finding cures and better treatments that will improve the lives of those we serve. Our educational activities are meant to create a cadre of physicians, nurses and other caregiving team members, who work here and elsewhere, with a truly patient-focused philosophy and approach to practice.

As you read through these pages, I hope the Dartmouth-Hitchcock difference will come through. In everything we do, it’s about you.

Dr. James N. Weinstein
CEO and President
Instead of being located in a remote office, care coordinators are embedded into the primary care medical home settings at various D-H sites. Using methods learned through the D-H Center for Shared Decision Making, they make sure patients are involved in every aspect of their health care journey.

For Donna Jameson of Mason, NH, life is difficult managing her diabetes, chronic obstructive pulmonary disease (COPD) and unstable blood pressure. “Over the past year, Donna has fallen several times, severely hurting her back, and then on another occasion, fracturing her hip,” says her husband, Danny, who has stopped working temporarily to care for her full-time and help her through her frequent hospitalizations.

Recently, Donna was hospitalized for pneumonia and for a life-threatening bowel disorder that required two surgeries. For Danny, an iron worker by trade, caring for his wife—which includes juggling doctors’ appointments, monitoring her blood pressure and blood sugar levels, and making sure she gets the medications and home treatments she needs—has been challenging.

But all has been manageable, thanks to Jackie Weber, RN, a care coordinator at the Dartmouth-Hitchcock (D-H) Milford Family Practice, who works closely with Danny to keep Donna as healthy as possible. “We've had some great doctors, but Jackie is like the glue that holds everything together,” says Danny. “She converses with Dr. Kaploe, Donna’s primary care physician, and knows all of her other doctors. She's very knowledgeable and helpful. And she gets things done.”
Care coordinators educate patients about their illness, and offer resources and encouragement. They also monitor a patient’s health care needs and make sure they receive recommended tests and treatments to get them back on the road to better health.

For example, when Danny had difficulty scheduling an x-ray of Donna’s spine for a chiropractic consultation, Weber took care of it. “She called me back an hour later with an appointment,” he says. “That led to chiropractic treatments that, combined with massage therapy, have made a huge difference. Donna is up and about, she’s cooking meals again and her overall health continues to improve. I can see her getting stronger every day. Knowing Jackie is there for us gives us peace of mind.”

Care Coordination is the Key

As a care coordinator, Weber is an example of how D-H is using the skills of nurses in a new way to directly support complicated medical situations like that of the Jamesons. “I think of our role as identifying the needs of patients who have complex medical conditions and may have a variety of specialty appointments that need coordination,” explains Kathryn Kaminski, RN, a care coordinator based at Dartmouth-Hitchcock Medical Center.

“We’re here to educate patients about their chronic illnesses, give them the resources they need and encourage them to follow up on their own self-care,” she says. “We also help to monitor their health and track whether they’ve received recommended tests.”

The care coordinators often use methods based in what has been learned through the D-H Center for Shared Decision Making (see page 9) to make sure patients are involved in every aspect of their health care journey. “For me, it means being part of the General Internal Medicine team in Lebanon, NH, which I really like,” says Kaminski. “We can be available to patients and families all of the time. Whether it’s over the phone, in the clinic or at the bedside in the hospital—a big part of our job is to reach out to patients as needed. We’re here to help them manage their chronic illnesses more effectively and efficiently. But primarily, we want to hear what their goals are and how we can best help them achieve them.”

“The Glue that Holds Everything Together”
Coordinated Care = Accountable Care

Care coordinators are an important part of D-H’s success in embracing a new model of health care, the Accountable Care Organization (ACO). ACOs are simply groups of health care providers and payers (or insurers) who have agreed to work together to improve quality and reduce costs for certain populations of patients.

“For example, in the Pioneer ACO with Medicare, Dartmouth-Hitchcock is taking responsibility for the health outcomes and total costs of Medicare patients (those over age 65) who receive the majority of their primary care here,” explains Dr. Barbara Walters, who, as executive medical director of Accountable Care for Dartmouth-Hitchcock (D-H), is overseeing a growing number of ACO contracts for the organization.

The goal of ACOs is to work proactively to ensure that groups of patients with similar needs—whether they’re Medicare patients or those with congestive heart failure or diabetes—get the same high-quality care, thereby lowering the overall costs. “That’s the population health point of view,” Walters says.

The focus is on value, not volume. Rather than being paid for each patient visit, as has been done in the traditional fee-for-service payment model, Medicare pays D-H based on the outcomes of its patients’ care, essentially for keeping patients healthier.

“We believe that the best way to do that is to provide patients with a primary care medical home,” says Walters. “That’s a primary care team that includes care coordinators who really know the patients and help them manage their health as they try to navigate through what is often a very complex and confusing health care system.”

Data Informs Care

Care coordinators focus their efforts on highest risk patients. “Those who have had hospital readmissions, especially within 30 days, and emergency room visits are the biggest red flags for us,” says explains Michelle Ward, RN, a care coordinator at Dartmouth-Hitchcock Nashua. “Or, we may find that there’s been a gap in care, such as missed doctors’ appointments or prescriptions not being filled as directed.”

Connecting with patients can often get them back on track. “I find that a lot of patients are very receptive to a nurse calling from their doctor’s office; it makes them feel very valued and cared about,” says Ward.

“Another important part of our role is developing relationships with local hospitals and other health care facilities, who notify us when patients have been admitted and discharged,” she says. “That allows us to work together on any discharge plans that may be in place and follow up with the patient more quickly.”

Staying Connected

It is during these transitions of care that patients can be most vulnerable. “We try to call our patients within 24 to 48 hours after a discharge to make sure that they have their medications, they understand what their follow up care plan is and they know what signs and symptoms to watch for that may require attention,” explains Leona Kee, RN, a care coordinator at Dartmouth-Hitchcock Concord.

“We often find that there are barriers to getting their care,” says Kee. “For example, a patient may not be able to afford all of their prescriptions. Or maybe they don’t have a car anymore, or local support from family or friends.”

“We work with community resources to help them overcome those barriers,” she says. “It’s really about helping them to stay on a healthy track. And a big part of that is preventing hospitalizations, readmissions and frequent ER visits. Number one, it’s not good for them, and also, it’s just not cost-effective.”

“We’re here to educate patients about their chronic illnesses, give them the resources they need and encourage them to follow up on their own self-care.”

Kathryn Kaminski, RN
When you’re facing a major medical decision the best thing you can do is get all of the information possible before you start treatment.

This is especially true in cases where there are multiple treatment options. For example, some men with signs of prostate cancer may prefer a course of “watchful waiting” to immediate surgical intervention.

At Dartmouth-Hitchcock’s Center for Shared Decision Making, patients and families are given evidence-based, objective information about treatment choices, with information about the risks and benefits of each option. Armed with that information, they can balance the options with their own values and what is most important to them.

“This is the best way for communicating between patients and clinicians so they can make wise decisions,” says Dr. Dale Vidal, a plastic surgeon and the medical director of the Center for Shared Decision Making.

Not only does shared decision making give patients a greater voice in their care, research has shown that patients given good information make better choices, have better clinical outcomes and have higher satisfaction than those who don’t.

Based on this, the Centers for Medicare and Medicaid Services recently awarded Dartmouth-Hitchcock $26 million to incorporate shared decision making into the work of the High Value Healthcare Collaborative (HVHC), which was co-founded by D-H, Mayo Clinic and other institutions. HVHC member organizations are treating patients across the country, with a goal of improving quality and lowering costs.

"Patients can and should be respected partners in their own care," says Weinstein. "Shared decision making provides the tools and resources so they can make the choice that’s right for them."
To improve population health in the northern New England region, Dartmouth-Hitchcock is focusing on health, not just health care. This proactive approach distinguishes Dartmouth-Hitchcock from many other health care systems around the country.

WORKING TOGETHER FOR THE HEALTH OF TOMORROW
A PATIENT WITH DIABETES

go to the doctor to get help in controlling his or her blood sugar. The doctor sits with the patient—examining, asking questions, counseling, teaching and prescribing the proper medication.

At Dartmouth-Hitchcock (D-H), that doctor’s responsibility doesn’t end when the patient leaves the exam room. That doctor is also responsible for thinking about others in the community with high blood sugars who are at risk for developing diabetes and figuring out how they can be cared for. And that doctor—and Dartmouth-Hitchcock as a whole—is taking responsibility for helping to prevent people from developing diabetes—and other chronic illnesses and diseases—in the first place. Working in collaboration with community-based partners, Dartmouth-Hitchcock’s goal is to improve the health of the population it serves—from the patient in the exam room to the thousands of people who have yet to seek health care.

Dartmouth-Hitchcock is uniquely positioned to lead a transformation in our national health care system today because of our geographic location and because of our leadership in health care data.
“We are uniquely positioned to lead a transformation in our national health care system today because of two incredible assets,” says Gregg Meyer, MD, MSc, executive vice president for Population Health and chief clinical officer at D-H. “Our geographic location as the academic medical system for the region allows us to think more broadly in terms of health care delivery, engaging with school systems, employers and community organizations to focus on improving the health of our population.”

“Our second major asset is our track record as leaders in the study of health care data through our work with the Dartmouth Atlas—which has shown striking geographic variations in health care practices and outcomes—over the last few decades,” adds Meyer. “That is the magic of D-H—bringing all of this work together for the health of tomorrow.”

To improve population health in the northern New England region, Dartmouth-Hitchcock is focusing on health in addition to health care. This proactive approach distinguishes Dartmouth-Hitchcock from many other health care systems around the country.

Identifying Needs and Priorities

A community’s health needs can be closely tied to its geography and other demographic factors. For example, oral health has been identified as a critical underserved health need in the region. To help address this need, D-H is expanding its support of screenings, preventive care and parent education provided by Alice Peck Day Hospital’s SMILES program, the Red Logan Dental Clinic, as well as school-based and Women, Infant and Children’s clinics in the area.

Then, there are health issues that are more widely prevalent, such as obesity and tobacco, alcohol and drug abuse, including prescription drug misuse. “When we look at the needs assessments in areas where D-H has community group practices—including Keene, Concord, Manchester, Nashua, NH and Bennington, VT—there are more similarities than differences,” says Greg Norman, director of Community Health Improvement at D-H in Lebanon.

In 2014, D-H will increase investments in services for patients with mental illness and frail older adults and their caretakers. We will also continue to support a number of existing programs aimed at addressing other identified needs, including health care access and transportation, women’s health, maternal child health, treatment for child trauma survivors, supportive services for those affected by HIV/AIDS and cancer prevention.

“As part of the High Value Healthcare Collaborative, we’re working with a number of other leading organizations to find the best care pathways for diabetes patients,” says Ethan Berke, MD, MPH, director of Population Health Innovation for D-H. “We also have a grant from the National Institute on Aging to look at how patient-reported information can help us design better care.”
Keeping People Healthy

Overall, the goal is to align community wellness efforts with the delivery of high-value health care services, with a focus on primary care. “We need to transition from a reactionary health care system, to a proactive system where we’re ahead of the curve in keeping people healthy and engaging them to be active members of a health care team,” says Ethan Berke, MD, MPH, director of Population Health Innovation for D-H and director of primary care in the northern region for D-H.

In recent years, Berke has devoted much of his research time to understanding how the “built environment”—or habitat that people live in—affects their health. “If we want to move the population away from being burdened by high incidences of chronic and severe illness, and being dependent on high-cost specialty and tertiary care services, we need to create communities that make it easier for people to stay well,” he says.

As a family practitioner, he appreciates how the constraints of patients’ physical environment can impact their health. “I really see their location almost as another vital sign,” Berke says. “As providers, we shouldn’t just look at our patients in the vacuum of the exam room, but rather take some time to get to know where they live and how that fits into their larger community and habitat. That can change the way we counsel them and help them develop strategies for how they can live more healthfully.”

Multiple Partners, Multiple Strategies

The varying availability of resources in different communities requires D-H to play a variety of roles to advance community wellness efforts (see page 15 for examples). But whether it’s providing leadership, education, financial support or time and energy to help leverage existing resources, partnerships are the key to bringing about healthy changes.

“It’s very important to partner with the right organizations that have the ability to provide the services that are needed,” says Jodi Stewart, director of Community Relations and Marketing for D-H’s community group practices in Southern New Hampshire. “For example, in Manchester, which is a designated refugee resettlement city, we partner with organizations such as Child Health Services and the Manchester Community Health Center, providing financial support, as well as health care providers to help sustain the viability of those organizations. They can provide key support services more efficiently and cost-effectively than we can.”

D-H’s community group practices are engaged in a variety of community wellness efforts to improve the health and wellness of our communities. For example, D-H is piloting a new water bottle refill project at Concord High School, which it hopes to expand to other schools. D-H Concord and the Concord Regional Visiting Nurses Association are collaborating to hold a monthly Memory Café event at the Granite Ledges facility in Concord to enhance education and support for people suffering from memory impairment.
Additionally, Dartmouth-Hitchcock physicians, nurses and other providers volunteer their time, going out into the community to educate vulnerable populations with cultural barriers about the importance of health issues such as breast health and diabetes.

In its popular Healthy Living series, Dartmouth-Hitchcock is hosting monthly health and wellness seminars at its clinic sites in Concord, Manchester and Nashua, featuring topics such as stress management, nutrition, sports injuries and joint health. In addition, as part of an effort with Norris Cotton Cancer Center, all Dartmouth-Hitchcock locations are engaged in a system-wide effort to educate patients and families about the importance of having advance directives in place for end-of-life care.

**Thinking More Broadly**

As a leader in health care systems change, D-H has an opportunity to model how health care systems can integrate most effectively with community organizations, municipalities and residents to improve population health, reduce health care costs and build a system that truly supports the health and welfare of its communities.

“Improving population health is not just about the patients in front of us or the patients who are not getting care; it’s about the community we serve and those patients of tomorrow,” says Meyer. “It gives us the opportunity to not only think about how we deliver care, but also to think about what we can do to keep people safe and healthy moving forward.”
TACKLING AN ISSUE
as prevalent as obesity in a community is no simple task. “There’s no one button you push that changes it,” says Greg Norman, director of Community Health Improvement at D-H in Lebanon. “You have to have multiple strategies and partners working together to change the culture.”

An example of that kind of community engagement is D-H’s work with the Upper Valley Healthy Eating Active Living (HEAL) Partnership. Housed at D-H Lebanon, HEAL works on policy, practice and built environment changes primarily in Lebanon and Mascoma districts. Children’s Hospital at Dartmouth-Hitchcock (CHaD), the City of Lebanon Recreation and Parks Department, the Upper Valley Trails Alliance, Alice Peck Day Memorial Hospital, the Mascoma Valley Health Initiative, the Lebanon and Mascoma School Districts and many other community partners have joined together in this effort.

FOR EXAMPLE:
The Mascoma River Greenway, a planned 4-mile off-road paved bike/walk path via abandoned rail corridors, will soon reach the halfway point of its fund development campaign. With 50 percent of Lebanon’s population living within a half mile of the Greenway, this project has high potential to increase physical activity in that area.

A number of pilot projects are underway with local farmers’ markets, convenience stores and employers to increase access to fresh fruits and vegetables in rural areas and to make healthier food choices available in workplaces and at community events.

The HEAL Partnership is working in a variety of ways to encourage increased physical activity and make it easier for kids and families to eat a healthy diet and be more active.

By building on Safe Routes to Schools and Safe Routes to Play initiatives and introducing “walking school buses,” towns like Lebanon are making walking to school—as well as walking and biking to destinations—a safer, easier and more enjoyable option for both kids and adults.

Helping the towns of Canaan and Enfield combine resources to reinstitute a lifeguard and a swim instructor will allow swim lessons to occur at Canaan Street Lake. “It’s a great resource for families,” says Norman. “If you teach kids how to swim when they’re young, it’s just one more tool they can use to stay healthy as they get older.”

The partnership has been working with Canaan Elementary School for three years to develop strategies to improve the school’s physical activity environment. “The project includes developing trails, gardens, hills, play equipment and other features that we think will support enhanced physical activity and outdoor learning at the school,” says Norman.

Other major initiatives in the area include introducing healthy choices at child-care and pre-school settings; promoting water and reducing consumption of sugary beverages in schools; and making food-based fundraisers and classroom snacks healthier.

“’You have to have multiple strategies and multiple partners working together to change the environment and the culture around you.’
Imagine you’re dining in a fine restaurant. As you’re seated, a legion of waiters descends and showers the table with dozens of pieces of silverware. The meal is delightful—everything you hoped it would be. You get the bill and, to your surprise, find that you’ve been charged for every piece of cutlery, every spice and the use of every pot and pan in the kitchen. The bill is detailed and astronomical.

Sound absurd? It’s what happens in operating rooms every day. Dozens of instruments are sterilized, wrapped and laid out on the operating tray, but often fewer than half of them are used.

Working with Dartmouth-Hitchcock’s Value Institute, one surgical section was able to reduce costs simply by reducing the number of instruments provided to only those that would actually be used.

This seemingly simple effort, now being spread to other surgical sections, is part of the D-H commitment to providing value-based care.
A Commitment to the Future of Health Care: The Dartmouth-Hitchcock Value Institute

Dartmouth-Hitchcock’s commitment to providing value runs deep. So much so that the Value Institute was created two years ago to provide education, coaching and an infrastructure to support quality and performance improvement efforts throughout the organization.

Clinical and non-clinical departments across Dartmouth-Hitchcock have been taking a hard look at their everyday work to figure out how to do it better, more efficiently and, ultimately, to provide better care at less cost. The Value Institute trains individuals and teams to think critically about how they can improve the way they perform their day-to-day duties. Using a framework derived from manufacturing and business industries called Six Sigma, the Value Institute provides the tools and methods for “process improvement.” And the savings show.

Several departments within Dartmouth-Hitchcock—such as Pathology, Nursing, Supply Chain Management and the Blood Bank—have embarked on this type of training with incredible results. The total expected savings from the first two years of Value Institute-led projects is approximately $2.4 million.

Since its inception two years ago, the Value Institute has trained 462 Yellowbelts, those who are “team ready” to engage in projects led by those with more expertise, and 84 Greenbelts, those trained to an intermediate level of process improvement skill and who can lead projects. Dartmouth-Hitchcock currently draws on the expertise of 13 Blackbelts to lead large and complex projects.

“Under the new Accountable Care Act, controlling costs while improving outcomes for patients will be the expectation,” says George Blike, MD, chief quality and value officer. “Using what we know works under the Value Institute is important to not only survive in this new era but to thrive and do what’s right for our patients and the communities we serve. The challenging thing in health care is, for every patient every time, doing what matters. Providing value is now our imperative.”

This past year, Dartmouth-Hitchcock was among 33 health systems participating in the Pioneer Accountable Care Organization model, created by the Centers for Medicare and Medicaid Services (CMS). In the first year, Dartmouth-Hitchcock’s share of the savings came to just over $1 million.
Training in Action:
Streamlining Pathology Labs

More than 4,000 lab specimens are received, sorted, labeled, processed and reported back to clinicians at Dartmouth-Hitchcock every day. Clinicians and patients rely on timely and accurate results to drive their prescribed treatment. Handling this influx of lab specimens daily can provide opportunities—sometimes, unfortunately, opportunities for error. Recently, the Pathology department turned this kind of opportunity into an improvement project that generated some extraordinary results.

A step-by-step analysis showed that each urine sample coming into the lab is handled 39 times. Each step takes time and ultimately has a cost. The analysis showed that 68 percent of the time is spent getting the actual results, while the remaining 32 percent is “wasted” time for each sample—for example, sitting in a rack on a cart waiting to be processed. So, if a typical urine sample costs $10, it’s really costing $6.80 to run that sample while $3.20 is less-productive time. The goal is to reduce wasted time. If only a minute or two can be shaved off the process—maybe saving a minute of handling time—that could translate into less cost. Multiply that by thousands of daily samples of all types and it quickly adds up.

“Scrutinizing the process is better for patient safety,” says Jim Tracy, one of the Value Institute-trained team members in Pathology. “Every urine sample or blood-draw needs to be matched to the patient’s medical record. There is no room for error. That’s why we are doing this. Yes, it’s about efficiency. Yes, it’s about saving time and cost. But most importantly, it’s about making sure our patients are safe, getting the results they need for the treatments they need—as soon as possible.”

Adapting, Evolving
in a New Era of Health Care

According to Wendy Wells, MD, chair of Pathology, the department’s journey to improve their lab processes wasn’t just about saving money or creating efficiencies, it was also a way to adapt to increasing demands for more lab testing with limited space to do so.

“We moved to this campus in Lebanon in 1991, and we’ve been on the same footprint of space since that time,” says Wells. “But the rest of the campus has dramatically increased in size, and, therefore, the demand for lab testing has increased. The only way we have survived is by embarking on our continuous improvement projects.”

But Wells says the department has reached its limit. As a result it is now incurring expenses by outsourcing certain testing to commercial labs because it physically doesn’t have the space to develop those new tests in-house. Fortunately, the new Williamson Translational Research Building will provide much-needed space for Pathology (see sidebar on page 19). “We’ve planned it as a beautiful open space because we want to be able to constantly change how we lay out the equipment, how we move the technologists, how we get the specimens in, what testing we do,” says Wells. “As we continuously improve, we don’t want to have barriers like walls or divisions or dividers in that space.”

The total expected savings from the first two years of Value Institute-led projects is approximately $2.4 million.
Leaders in Value: Positive and Promising Results

A focus of health reform has been to more closely track value measures such as complications, hospital-acquired infections and readmissions. Hospitals now face financial penalties if their rate of readmissions is too high, for example.

Dartmouth-Hitchcock is already showing promising results by demonstrating that it can meet quality benchmarks under the program, ensuring that Medicare patients’ preventive health needs are met, and lowering hospital admission and readmission rates.

“To create the sustainable health system, we need to build a system where care is based on value, not volume; on the health of our population; on new payment models that reward quality, not quantity of procedures; and on care that patients want and need, delivered affordably, conveniently and close to home,” says Dr. Jim Weinstein, CEO and President, Dartmouth-Hitchcock.

In the first year, Dartmouth-Hitchcock’s share of the savings came to just over $1 million. Dartmouth-Hitchcock also met all quality benchmarks under the program, ensuring that Medicare patients’ preventive health needs are met, and lowering hospital admission and readmission rates.

“Pathology plays an essential role in 21st century biomedical research, bridging scientific discovery and its practical application in patient care by validating new tests and treatments for clinical use,” says Gregory Tsongalis, PhD, director of molecular pathology and translational research at Dartmouth-Hitchcock. “This means we can move discoveries more rapidly into the clinic for the benefit of patients.”

This is why the D-H Department of Pathology will soon move into new space in the Williamson Translational Research Building, currently under construction on the DHMC campus. Slated to open in the fall of 2015, this lab and research facility will integrate basic science and clinical research, spurring the translation of discoveries in the lab into advances in patient care.

Named in honor of the late Dr. Peter Williamson and his wife, Susan Williamson, the new building will provide much-needed space for the growth of several of the Geisel School of Medicine’s strongest research disciplines, including cancer, the neurosciences, microbiology and immunology, computational medical sciences, clinical outcomes, and health policy, in addition to pathology. The building will also be home to SYNERGY: Dartmouth’s Center for Clinical and Translational Science.

“Proximity is a powerful spark for innovation, especially among scientists,” explains the Geisel School’s senior associate dean for Research, Duane Compton, PhD. “In this building, researchers from different disciplines will work side-by-side and be just steps away from a world-class patient-care facility.”

While construction of the Williamson Translational Research Building is already underway, the Geisel School of Medicine is still actively engaged in fundraising to support both capital and programmatic needs.
IN SEPTEMBER, Dartmouth-Hitchcock announced that it had joined with Elliot Health System and Harvard Pilgrim Health Care of New England in an innovative partnership to provide employers and their employees in New Hampshire with a new definition of value in health care: access to health insurance that will promote high-quality health care and better health outcomes at a lower premium cost.

Called ElevateHealth, the new partnership is a non-profit, high-performance, defined-network product that will offer access to New Hampshire’s premier hospitals and providers, including more than 400 primary care doctors and 2,600 specialists, with an insurance premium savings of at least 10 percent over Harvard Pilgrim’s similar full-network plans. As members of ElevateHealth, patients will receive their care at Dartmouth-Hitchcock and its community group practices, Elliot Health System, Cheshire Medical Center, New London Hospital, Southern New Hampshire Medical Center and Foundation Medical Partners, Derry Medical Center, Southern New Hampshire Internal Medicine, and other affiliated physicians and physician practices. The health systems will coordinate care in a seamless fashion, focusing on the needs of the individual patient.

“New Hampshire employers know better than anyone that the health system we have today is unsustainable,” says Dr. James N. Weinstein, CEO and President of Dartmouth-Hitchcock. “They want their employees and their families to have access to great health care, but at a cost they can afford. Our three organizations, with a shared focus on population health and coordinated, high-quality care, are committed to providing an option that gives the greatest access at the lowest cost, while offering a higher level of care delivery and customer service.”

ElevateHealth will feature:
- Enhanced provider-driven care coordination to improve the health and wellness of members.
- A transformative role for the nurse as part of an effective care delivery team, including a pivotal role as patient advocate and clinical liaison with primary care providers and specialists.
- Care coordination professionals to help guide the member through the health system for easier access and better health outcomes.

While the goal of the three-way partnership is to create innovation through that seamless health delivery system, future initiatives aimed at improving the value of health care services in the region may spring from the collaboration.
Thank you.

Since the founding of Mary Hitchcock Memorial Hospital in 1893, the organization now known as Dartmouth-Hitchcock has existed for one purpose: to serve the patients, families and communities of our region. Throughout these six score years, we have in turn been served by our donors and friends, whose belief in us and dedication to our mission is indeed humbling.

In the past year, Dartmouth-Hitchcock and the Geisel School of Medicine have received almost $29 million in gifts and pledges from more than 38,000 donors. There can be no more tangible expression of your faith in us and your generosity on behalf of our patient care, research and educational programs. Beyond that, your contributions show a visionary commitment to the future, to future cures, innovations in care delivery, scientific discovery and the training of exceptional physicians, residents, nurses and other caregivers.

Listed on the following pages are those who have made gifts or pledges of $1,000 or more during the past fiscal year (July 1, 2012–June 30, 2013). It is of course but a small token of our immense and sincere gratitude to all who give, in whatever amount, to support our tradition of service.

On behalf of my fellow trustees, thank you.

Prof. Robert A. Oden, Jr.
Chair, Dartmouth-Hitchcock Boards of Trustees
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The new Center for Surgical Innovation, a partnership between Dartmouth-Hitchcock, the Geisel School of Medicine and the Thayer School of Engineering, provides the space and innovative equipment researchers need to dramatically improve common and complex surgeries. A gift from Harlan Fair (right)—a Dartmouth College and Thayer School alumnus—and his wife, Anne (center)—a former nurse and longtime Dartmouth-Hitchcock volunteer—will help the Center achieve its full potential. “Gifts from the Fairs and others will improve surgical care for patients in Northern New England and beyond,” says Sohail Mirza, MD, MPH (left), medical director of the facility. Learn more about the Center for Surgical Innovation at Dartmouth-Hitchcock.org/csi.
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A bequest from the estate of Nancy Shea is advancing the lung and pancreatic cancer research of two scientists at Dartmouth-Hitchcock’s Norris Cotton Cancer Center. Scott Gerber, PhD (left), studies the genetic profile of proteins in tumors to develop better, more personalized treatments for lung and other cancers, and Yolanda Sanchez, PhD (center), investigates several compounds that kill pancreatic cancer cells, while sparing normal, healthy cells. “These cancers are the first and fourth leading causes of cancer death in the U.S., but are disproportionately underfunded by the National Cancer Institute,” says Sanchez. “Philanthropy is essential to filling that gap and accelerating research for these devastating diseases.”
Carla Manley-Russock
Fairy Godmother

For 10 years, Carla Manley-Russock (right) has been giving to Dartmouth-Hitchcock’s Face of a Child program—the interdisciplinary team at CHaD that provides treatment and support to children born with craniofacial disorders. “I love being a fairy godmother to the craniofacial team,” says Manley-Russock, a former pediatric nurse who remembers struggling to help newborns with cleft lip and cleft palate be able to feed. “Each year I feel like my gift reaches out to so many children in northern New England.” Manley-Russock’s generosity enables Dr. Mitch Stotland (left) and his team to provide essential—but non-reimbursed—services and support for young patients and their families. Here, Manley-Russock and Stotland at CHaD’s 2013 Storybook Ball gala.
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“Delivering the right amount of health care at a reasonable cost: that is the essence of the Dartmouth Atlas and what attracted me to learn more about it,” says Richard Fleming (right), a Dartmouth College and Tuck School of Business alumnus. The Dartmouth Atlas Project, now led by David Goodman, MD, MS (left), and Elliott Fisher, MD, MPH, of The Dartmouth Institute for Health Policy and Clinical Practice, has documented dramatic geographic variations in costs, utilization and outcomes in U.S. health care for more than 20 years. Fleming’s gift will help to ensure that this important work continues to inform local and national health policy.
Remembering her husband’s struggle with pulmonary fibrosis, Marlene Brody (left) supports the research of Richard Enelow, MD (right), chief of Dartmouth-Hitchcock’s Section of Pulmonary and Critical Care Medicine. Enelow and his team study the mechanisms of unremitting inflammation and fibrosis in the lungs and the possible roles that genetics, viruses and environmental factors may play. “Marlene’s support allows us to conduct research that helps us better understand these relentless and incurable diseases and, hopefully, discover effective treatments for patients who currently have very few options,” says Enelow.
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Pro-Cut International Limited
Professional Car Care of New England
Provincial Grand Lodge, U.S.A. - The Royal Order of Scotland (A Masonically Affiliated Organization)
QLLA Charities, Inc.
Quest Diagnostics - Athena
QVT Financial LP
Randstad
Red Bull North America
Regency Mortgage Corporation
Olympus Biotech
OneBeacon Insurance Group
Optima Bank & Trust
Orr & Reno Professional Association
Roedel Companies
St. Denis Parish
St. Joseph Hospital
St. Mary’s Bank
Salix Pharmaceuticals
SBCollins, Inc.
Schubert Family Limited Partnership
Service Credit Union
Shamrock Foods Company
Sig Sauer, Inc.
Sirius American Insurance Corporation
SkillSoft Corporation
Somersworth Professional Firefighters Local 220
South County Pulmonary Medicine
Sparta Children’s Fund
STA Communications
Stave Puzzles
Stellar Restaurant Group
Stryker Craniofacial Sulloway & Hollis, PLLC
Summit Distributing LLC
Fred Swymer Memorial Fund
Synergy-Salem LLC
Systems & Communications Sciences, Inc.
Target
Team Alzheimer’s
team Athletes Multisport
Team Epilepsy Awareness Committee
Frank W. Whitcomb Construction
White Mountains Insurance Group, Ltd.
John Wiley & Sons, Inc.
Wolverine Worldwide
Young’s Propane
Your Kitchen Store

If we have omitted, misspelled, incorrectly recorded or improperly categorized a name, please accept our sincere apologies and notify us at 603.653.0726 or email annette.m.rine@hitchcock.org.