

April 25, 2006

MEDIA UPDATE:  
NEW REPORT ON CARING FOR PATIENTS WITH CHRONIC  
ILLNESS MAY GENERATE MEDIA AND CONSUMER INQUIRIES

## AT A GLANCE

**The Issue:**

An upcoming report by the Dartmouth Atlas Project may prompt calls from your community and local media. The report focuses on variation in medical practice for Medicare patients with chronic illnesses and the associated costs of providing this care at the hospital level, ranking both individual hospitals and regions.

**Our Take:**

Anticipating your need to respond to calls, this advisory was prepared to share details of the Dartmouth Atlas Project study, as well as other information that may be helpful.

**What You Can Do:**

Please share this advisory with your communications team.

**Further Questions:**

Please call Amy Lee, AHA director of communication strategies, at (202) 626-2960 or Matthew Fenwick, AHA communications director of media relations, at (202) 626-2963.

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**MEDIA UPDATE:**  
**NEW REPORT ON CARING FOR PATIENTS WITH CHRONIC  
ILLNESS MAY GENERATE MEDIA AND CONSUMER INQUIRIES**

**BACKGROUND**

An upcoming report by the Dartmouth Atlas Project will focus on variation in medical practice for Medicare patients diagnosed with at least one of 12 chronic illnesses. It looks at the associated costs of providing this care at the hospital level. Funded by the Robert Wood Johnson Foundation and authored by John E. Wennberg, M.D., M.P.H., the report may be released as early as the week of May 8<sup>th</sup>. It concludes that treatment provided to those with chronic illness often is expensive and produces no gain in quality or patient satisfaction.

The project examines Medicare data for many US hospitals with more than 400 deaths from 1999-2003. Two-thirds of patients were diagnosed with cancer, congestive heart failure and/or chronic lung disease.

The report suggests that Medicare could save billions of dollars by correcting "inefficiencies." Using Dartmouth's methodology, the data, culled from Medicare claims, was used to rank individual hospitals, as well as regions, in treating chronic illness.

We anticipate that this report may generate media and public attention around hospital care in your community.

To keep you informed and help you prepare to field calls from local media, this advisory includes details we expect the report to include, as well as other information that may be useful.

**PREPARATION**

Dartmouth has shared, through AHA and state hospital associations, hospital-specific data for those hospitals mentioned in the report. In expectation of the report's release, the AHA, in concert with your state hospital association, is working with the study authors to provide as much information to you as possible.

However, as data will vary by state and region, we have provided main messages below that you can tailor for your specific messages.

## **MESSAGES**

- We agree with the authors that the ultimate goal is to deliver high-quality, medically appropriate care at the right time in the right setting.
- The report raises important questions that ought to be explored about significant variation in medical practice and the provision of care.
- Many factors go into making medical decisions for those with chronic conditions – particularly those facing the end of life. Because each situation is unique, some variation in treatment is necessary.

For example, some patients and their families want to exercise every medical option available to them. Should Medicare take away that option because there are costs associated with it?

- The study does not allow for differences in quality of life or life expectancy for those under treatment and alive beyond the study period.
- Among the considerations that must be further studied are:
  - the biological variability of otherwise clinically similar patients;
  - patient compliance with recommended treatment;
  - the effectiveness of patient self-management of chronic diseases;
  - the challenges faced by doctors in deciding which diagnostic test(s) to request and in what order or combination;
  - specialty consultations needed to reach the proper diagnosis;
  - how the availability of hospice and other care settings affect clinical decisions;
  - the impact of patient preferences and local culture; and
  - the challenges of following evidence-based medicine guidelines in chronically ill patients with co-morbidities.

## **DARTMOUTH ATLAS PROJECT STUDY**

The Dartmouth Atlas of Health Care Project began in 1993 with funding from the Robert Wood Johnson Foundation. A previous study of this type was released in *Health Affairs* on November, 2005; it examined only California hospitals. More information can be found at [www.dartmouthatlas.org](http://www.dartmouthatlas.org).