

“Problems with Medical Science”:

Perception of research needs in the
Darthmouth Atlas publications from
1996 to present

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Motivation – Background

- Variation research, internationally, seems well developed: Many atlas- and like projects, OECD involvement, development of Wennberg International Collaborative (WIC) – but where from now? – History of Dartmouth seems to teach that there are no easy successes ...
- ... focus on research of effectiveness and appropriateness of intervention in the German country report for OECD project on my behalf at least ...
- ... an explanation of the History of the Dartmouth endeavour in the WIC spring conference



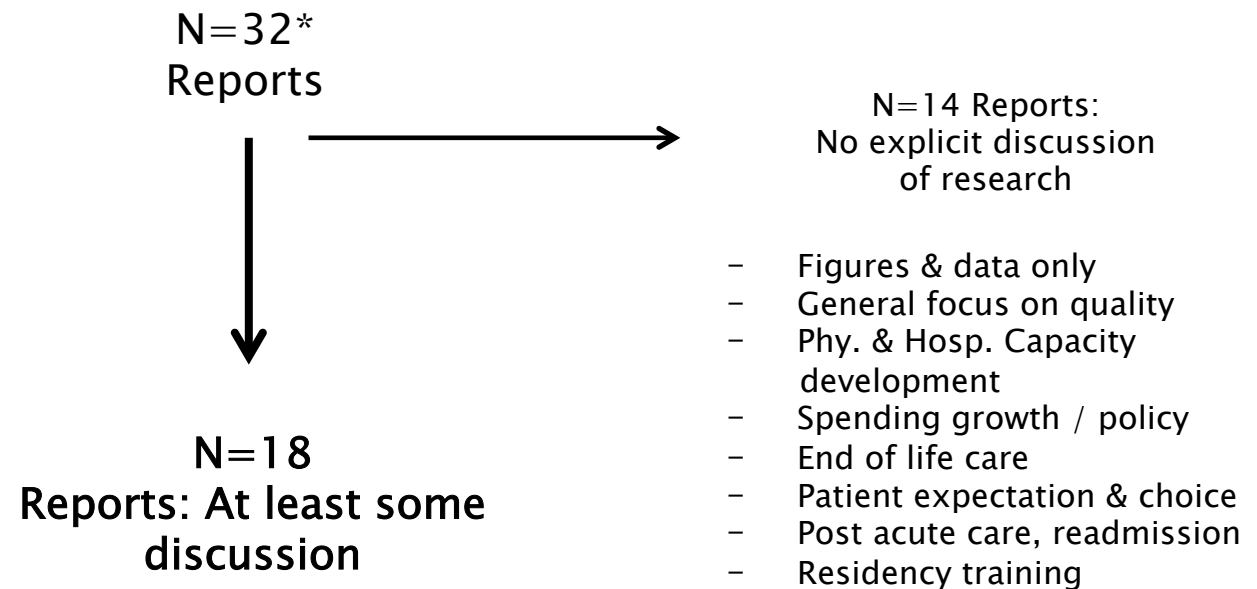
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Method

- All Dartmouth „Atlases & Reports“ from 1996 to 2014 were scanned for the relevance, deficits, impact etc. of „research“ on the presence and development of variation
- „Research“ was not understood as „research on“ (the presence, causes etc.) of variation but as research on benefits and harms, effectiveness, appropriateness .. of interventions which were the subject of variation studies

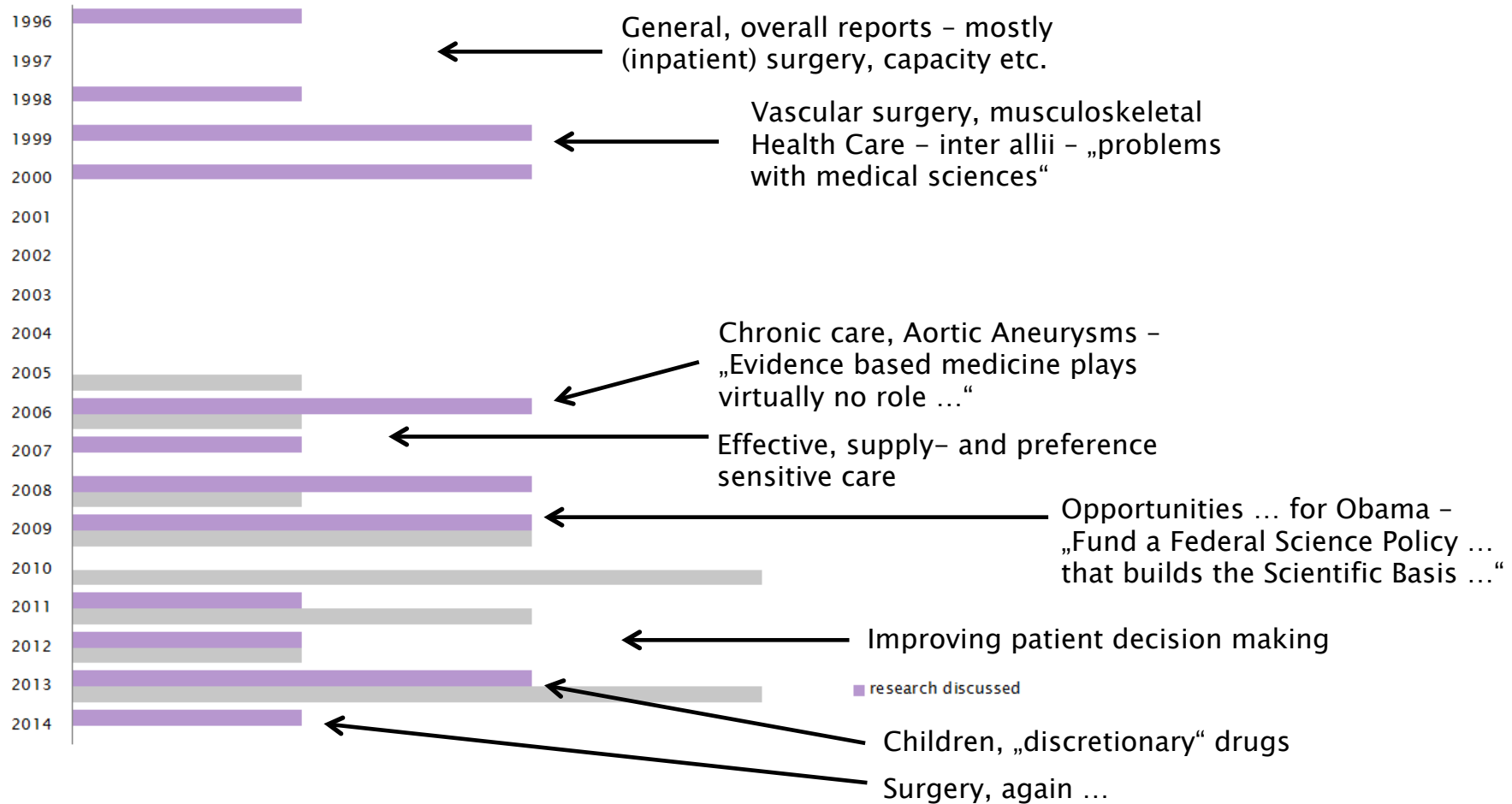
*<http://www.dartmouthatlas.org/publications/reports.aspx>

Results:



*duplicates generally related to essentially the same content already removed (eg. but regionally differentiated „Pacific States“, „Mountain States“ reports, e.g. 2014 Variations in surgical care reports counted as one report)

Results:



Results: Observations

- The lack of reliable effectiveness evidence is often part of the overall discussion – less so re. topics of complex care processes (e. g. end of live care)
- Particularly after initial reports up to about the year 2000, Research deficits are often discussed closely knit with other factors – there are more reports in later years in which „evidence of effectiveness“ is not explicitly discussed
- There *might* have been some „paradigm shift“ towards Shared decision making as the primary focus – of remedies
- The prominence of the threefold distinction of effective/ preference- and supply-sensitive care (2007 reports – also „invented“ earlier) seems to warrant particular consideration
- ...

„Problems with medical science“

TABLE 1.³⁶
CATEGORIES OF MEDICAL SERVICES

Factors that Influence Utilization

Pre-determined,
empirically derived,
Can it be changed?



	Medical Theory	Medical Evidence	Per capita Supply of Resources	Importance of Patient Preferences
Effective Care	Strong	Strong	Weak	Weak
Preference-Sensitive Care	Strong	Variable	Variable	Strong
Supply-Sensitive Care	Weak	Weak	Strong	Variable

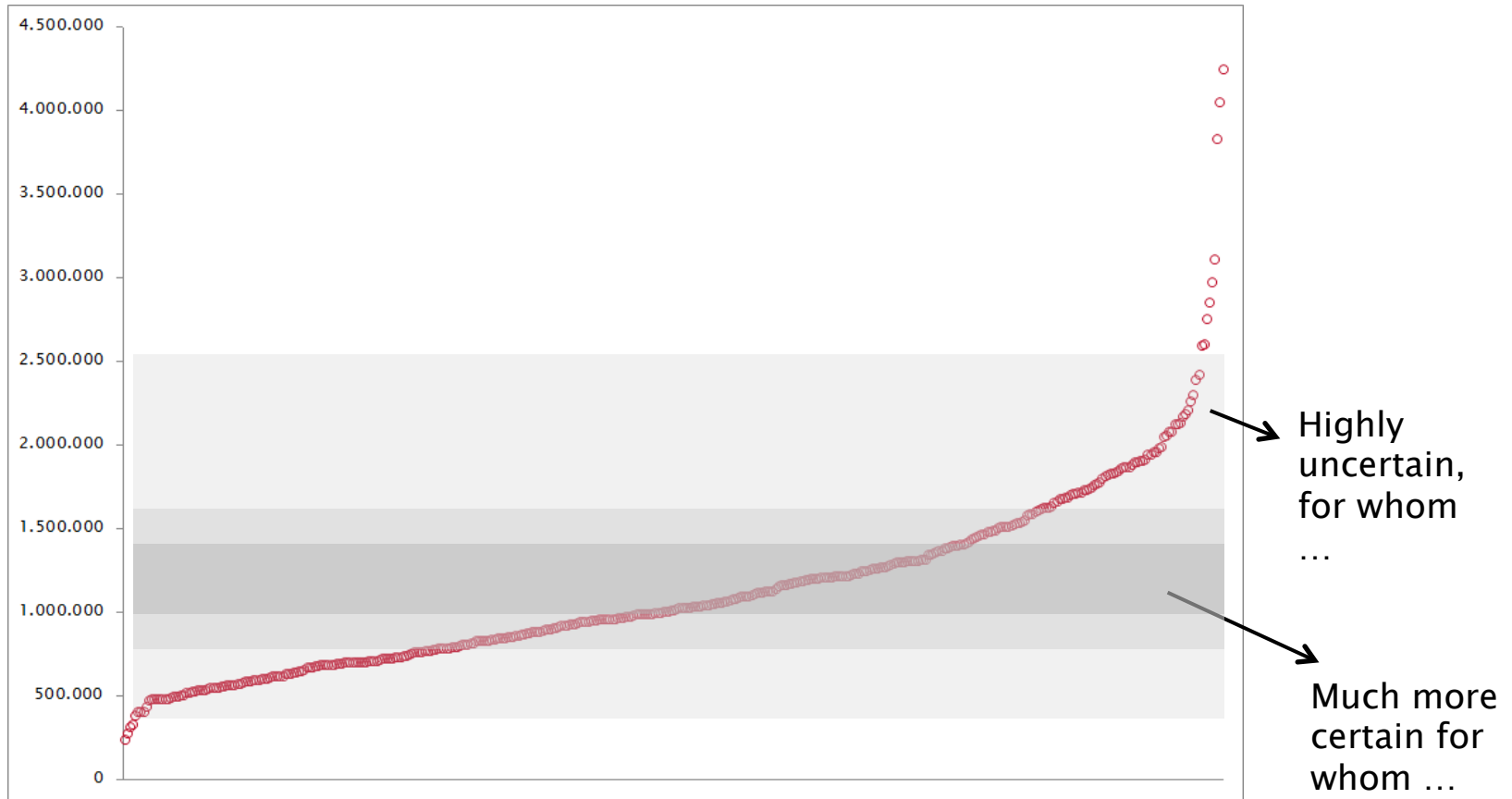
Peters PG, Wennberg JE. Unwarranted Variations in the Quality of Health Care: Can the Law Help Medicine Provide a Remedy/Remedies?. Wake Forest Law Review, 925, 2002.

The threefold distinction might not only be helpful – as it might erect a hurdle for something to change categories



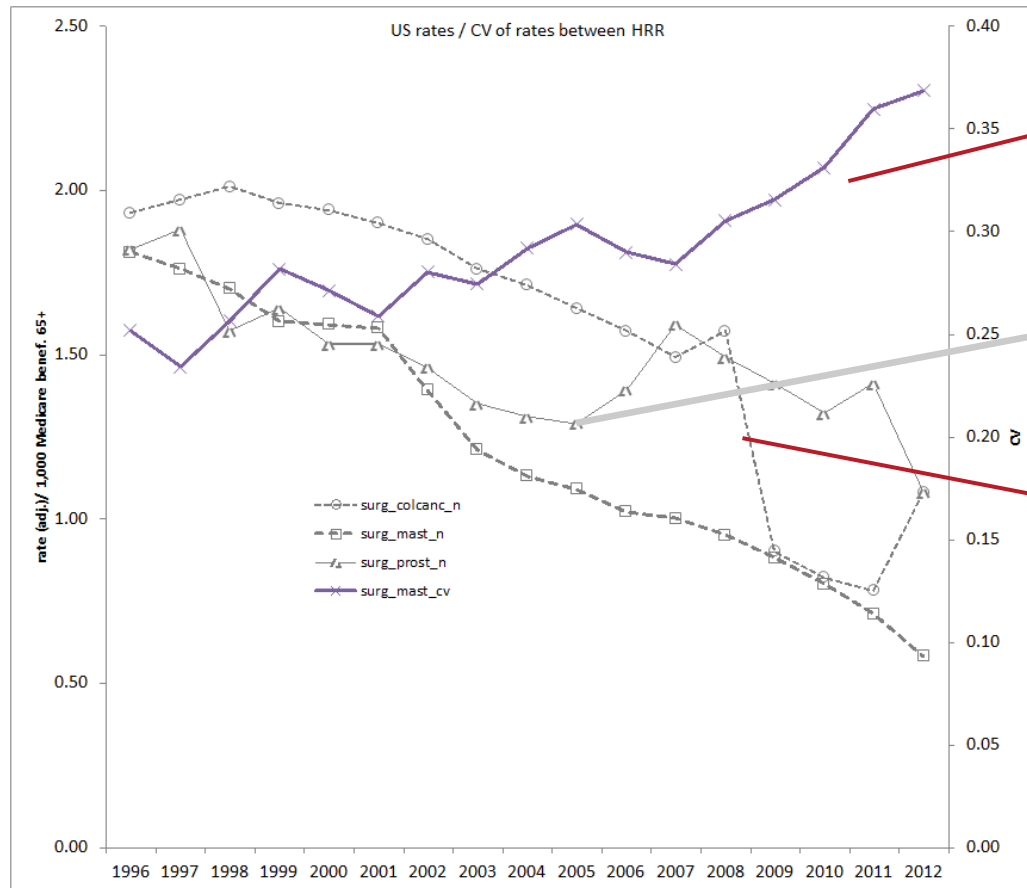
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Conclusion: Effectiveness impact?



Could that happen?

Excursion: Surgery over time



Variation as not decreased

„comparator“ treatments likely have increased (e. g. minimal invasive tr., drug tr., radiation etc.)

Rates have gone down (e. g. colon cancer, prostate cancer, mastectomies) ...

<http://www.dartmouthatlas.org/data>; US, state, HRR rates of surgical procedures

There clearly seems to be a case for “comparative” effectiveness



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Conclusions

- Research on evidence of effectiveness seems essential to reduce unwarranted variation – and has been a major concern in Dartmouth reports
- Other means to address questionable variation, in particular shared decision making, depend on such results – and are no substitute for them
- The distinction between effective, and preference/supply sensitive care might have (had) ambiguous consequence in it's present form – it should be reconsidered

