

## Special Video Report Transcript

Headline: David Goodman of Dartmouth Discusses Efforts  
To Study Care Quality Across Patients' Lifetimes

Publication: *California Healthline*

Date Posted: August 29, 2012

David Goodman, professor at the Geisel School of Medicine at Dartmouth College and co-director of the Dartmouth Atlas of Health Care

"My name is David Goodman. I'm a professor of pediatrics and of health policy at the Geisel School of Medicine at Dartmouth and co-director of the Dartmouth Atlas of Health Care. We've recently received an important grant from the Charles P. Hood Foundation to allow us to resume and really to advance work that was done many, many years ago in terms of studying variation in pediatric care. But now, the data sets are immensely more powerful, and we're beginning a study in New England that will be released nationally. I think it will be an emblematic study that looks at quality of care for pediatric patients. It will look at the way that surgical procedures are applied in children and in infants. And it will also have some measures of cost."

"We hope that this pediatric work stimulates interest, (1) on the part of states; (2) begin to develop data sets that would reveal the care that younger populations are receiving. And we also hope that it stimulates the community of providers that provide care for children to examine themselves."

"The work that we're now conducting on California populations and end-of-life care -- that will come out in a report with the California HealthCare Foundation -- points to deeply troubling patterns of care for a terrifically important population. These are patients who have serious poor-prognosis illness. One example are patients with poor-prognosis cancer. We know, for example, that patients generally, when faced with life-threatening illness, chronic illness, would like to spend as much time in a home environment and be with their family and to avoid painful procedures, procedures that don't help them return to the life they once had. But on average, what we find is that patients receive highly aggressive care that offers little hope for prolonging life and really diminishes the quality of life."

"The quality and the care patterns at the end of life, both at a regional level and a hospice-specific level, really haven't changed very much over the years. Even where care is thought to be problematic, we find that those patterns of care persist."

"The type of care they receive varies tremendously from hospital to hospital. There are some hospitals where the patients are very likely to die in the hospital or die in intensive-care units, receive chemotherapy right up to the time of death. There are other hospitals where the patient is more likely to receive palliative care or hospice care and be able to die in their home. The type of hospital itself doesn't predict those patterns of care. We find variation in those patterns across academic medical centers, across cancer centers, across community hospitals as well."

"We expect to have access to additional data, the under-65 population, that will really allow us to demonstrate variation in care, quality of care from place to place from the beginning of life to the end of life."