

The New York Times and the Dartmouth Atlas study

Fraudulent study used to sell Obama health plan

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An article published in the *New York Times* Thursday notes the rising volume of criticism by health care professionals of the Dartmouth Atlas of Health Care, a study purporting to show that much of the health care service provided by US hospitals is misguided and unnecessary and that major cuts can be made in health care costs without impairing patient care.

The study was touted by the Obama administration as part of its campaign to pass its health care reform legislation, with budget director Peter Orzag citing the study repeatedly to support his claim that up to \$700 billion in annual US health care spending is “waste” that could be eliminated without hurting patients.

The *World Socialist Web Site* has written on the fundamentally fraudulent methodology of the Dartmouth study, which is limited to Medicare patients during the final six months or two years of their lives thus excluding positive outcomes for treatment that extends life for a longer period, and which ignores regional variations in patient illnesses, hospital wage rates and similar costs. (See “The Dartmouth Atlas of Health Care study: Shoddy science in support of health care cuts”) The WSWS also interviewed prominent medical critics of the Dartmouth approach, including Dr. Richard Cooper and Dr. Michael Ong.

The Dartmouth Atlas measures the cost of care delivered to Medicare patients, which varies widely across the regions of the country. In the maps contained in the Atlas, low-cost regions are in beige, high-cost regions in brown. As the *Times* article, written by Reed Abelson and Gardiner Harris, notes: “Measures of the quality of care are not part of the formula. For all anyone knows, patients could be dying in far greater numbers in hospitals in the beige regions than hospitals

in the brown ones, and Dartmouth’s maps would not pick up that. As any shopper knows, cheaper does not always mean better.”

The article continues: “The mistaken belief that the Dartmouth research proves that cheaper care is better care is widespread—and has been fed in part by the Dartmouth researchers themselves.”

The essential charlatantry of the approach is spelled out—though not stated that explicitly—in another passage: “But the atlas’s hospital rankings do not take into account care that prolongs or improves lives. If one hospital spends a lot on five patients and manages to keep four of them alive, while another spends less on each but all five die, the hospital that saved patients could rank lower because Dartmouth compares only costs before death.

The *Times* article later concludes, “there is little evidence to support the widely held view, shaped by the Dartmouth researchers, that the nation’s best hospitals tend to be among the least expensive.”

More may be involved than bad research methods or political bias. Some of the Dartmouth researchers apparently had a direct financial incentive to find the kind of results they published. The *Times* article reports:

“In any case, the more-is-worse message has resonated with insurers, whose foundations now help to finance the Dartmouth Atlas. Dartmouth researchers also created a company, Health Dialog, to consult for insurers and others on Dartmouth’s findings. Valued at nearly \$800 million, the company was sold to a British insurer in 2007 and still helps to finance the Dartmouth work.”

Only one thing is lacking in this debunking of the

Dartmouth Atlas—a single word about the role played by the *New York Times* itself, both in its news pages and editorially, in promoting the Dartmouth study as part of its year-long effort to present the Obama health care program as a progressive social reform, and disguise its essentially reactionary character as an exercise in cost-cutting and medical rationing.

The Dartmouth study was cited at least 11 times in major articles published in the *Times* in 2009, including three by Reed Abelson, the co-author of the latest article. For the most part, these articles accepted uncritically the authority of the Dartmouth Atlas.

On August 12, 2009, the newspaper published an op-ed column broadly endorsing the Obama administration's efforts "to change how care is delivered so that it is both less expensive and more effective." It was signed by four doctors: Elliott Fisher, co-director of the Dartmouth study; Donald Berwick, recently nominated by Obama to head the Centers of Medicare and Medicaid; Mark McClellan, who headed CMM in the Bush administration; and Atul Gawande, whose long June 1 article in the *New Yorker* last year was frequently cited by the administration as proof that health costs could be cut radically without impairing patient care.

On November 8, 2009, the *New York Times Magazine* published a cover story by David Leonhardt, one of the newspaper's main writers and commentators on economic questions, promoting the Dartmouth study, under the headline "Making Health Care Better." Leonhardt wrote to celebrate the quality of the low-cost medical care provided by Intermountain Health Care, a chain of hospitals in Utah and Idaho singled out for praise in the Dartmouth study—which was itself repeatedly cited in the article.

The *Times* editors themselves applauded the Dartmouth study. In its June 14, 2009 editorial, "Doctors and the Cost of Care," the *Times* claimed that "profligate physician behavior" was at the root of rising health care costs, and the editors cited "pioneering studies by researchers at Dartmouth into the reasons for large regional and institutional variations in Medicare costs."

The editorial continued, "After adjusting for differences in health, income, medical price and other factors, the Dartmouth researchers' overall conclusion is that the more costly areas and institutions provide a

lot more tests, services and intensive hospital-based care than the lower cost centers. Yet their patients fare no better and often fare worse because they suffer from the over-treatment. The Dartmouth group estimates that up to 30 percent of Medicare spending is wasted on needless care."

The editorial concluded that "most experts think the Dartmouth research is essentially right," and called on President Obama to enlist doctors into his campaign to cut health care costs.

Now the newspaper has been compelled to admit that "most experts" do not think the Dartmouth research is "essentially right," but the damage has been done. The Obama administration used the study as one of its ideological weapons to conceal the reactionary character of its cost-cutting program, which was given final approval by Congress and signed into law in March.

The admission by the *Times*, after the fact, that one of its principal arguments for the Obama plan was based on bad, and perhaps deliberately bad, research, does not in any way cause the editors to reconsider their attitude to the health care program. On the contrary, the explosion of the claim that there are hundreds of billions of dollars in "waste" that can be easily cut to finance the health care program will lead both the Obama administration and its liberal apologists to demand harsher and more obviously painful cuts in spending, which will ultimately deprive millions of working people of access to needed health care services.



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