VA is a “gem” in the Dartmouth diadem

If you happen to be Harvard Medical School, you’re surrounded by numerous teaching and research sites for your students and faculty. But if you’re Dartmouth Medical School, you have nowhere near as many right at hand. That’s why the VA Medical Center in White River Junction, Vt., is important to Dartmouth. And why DMS’s senior advising dean, Dr. Joseph O’Donnell, calls it “our little gem of a VA.”

Of course, O’Donnell may be a tiny bit biased, having conducted his oncology practice there for more than three decades. But he and Gary DeGasta, who retired earlier this year after two decades as the chief administrator of the White River VA, positively sparkle as they list out one facet after another of this jewel:

**Committed doctors:** DMS and the VA recruit physicians jointly, DeGasta notes. “All White River-based docs have appointments at DMS,” he says, and 25% to 30% of the teaching of DMS students is done by VA-based faculty. “They come,” adds DeGasta, “because they want to teach…they want to do research.”

**White River is the home of the VAs National Center for Patient Safety.**

**Outcomes expertise:** Several disciples of outcomes pioneer Dr. John Wennberg (the subject of Dartmouth Medicine’s Winter 2007 cover feature) lead the VA Outcomes Group. Drs. Gilbert Welch, Lisa Schwartz, Steven Woloshin, and Elliott Fisher are among those who study the usage of and evidence behind medical procedures and technologies. Their work has supported Wennberg’s iconoclastic conclusion that more care does not necessarily lead to better health. DMS may be internationally recognized for its outcomes expertise, O’Donnell says, “but if you take just the VA Outcomes Group, people rate that fourth or fifth in the world.” And its staff are “in the trenches,” he adds, as “practicing docs, not in an ivory tower.”

**VA firsts:** “Here we are out in the sticks, but we have this big academic medical center,” DeGasta says. As a result, the White River hospital was the first VA to perform such sophisticated procedures as carotid endarterectomies. “They told us we couldn’t do that because ‘you’re a tiny little place,’ but we said we’ve got national leaders in vascular surgery here at Dartmouth, and they’re going to do the surgery at the VA.”

**Satisfied patients:** White River’s designated service area is Vermont and part of New Hampshire, but O’Donnell says the hospital also draws veterans from the nation’s smallest veterans’ hospitals, is home to the system’s National Center for Post-Traumatic Stress Disorder. Dr. Matthew Friedman, its director, has been developing strategies for treating it since the 1970s. DeGasta says Friedman and his colleague Dr. Paula Schnurr are excellent examples of the kind of staff attracted by the symbiotic relationship between DMS and the VA. Furthermore, White River is also the home of the VA’s National Center for Patient Safety and its Quality Scholars Program.

**Information infrastructure:** The VA is the nation’s largest healthcare system, which gives White River access to an electronic medical records system without peer. “If we want to run a study on something—diabetes or flu, for instance—we just push a button and all of a sudden we have the data,” says DeGasta. For example, he says the VA was the “star” of a Vermont Council for Quality diabetes project as a result of being able to quickly run an analysis of the care of hundreds of patients.

**$56 million**
Amount of unreimbursed charitable care and uncompensated care for Medicaid patients provided at DHMC in FY06
Massachusetts, New York State, and Maine. And DeGasta adds that many veterans who could easily afford private-sector care prefer what they see as the better-coordinated care offered by the VA system.

**Awards:** In 2007, the White River VA received its sixth-in-a-row Carey Award, which the VA presents to the top performers, on the basis of measured excellence, among its 150 hospitals.

DeGasta also casts his regard for the White River facility in very personal terms. He arrived there in the 1970s as a social worker, left for posts at other VA hospitals, and then did a stint at the system’s headquarters in Washington, D.C. After that, he says, “I could have chosen any place in the system, but I wanted to come back here.”

O’Donnell and DeGasta are enormously proud of the quality of care that patients receive at White River. Even during times of budgetary belt-tightening—including an unsuccessful 1999 move by central VA managers to turn White River into an outpatient clinic, the focus has stayed not only on doing things right but on persistently measuring the quality of the care that is delivered there.

O’Donnell offers a final essay of the quality of Dartmouth’s “gem” in White River by saying, “Other medical schools would be really lucky if they had a relationship with a VA that’s as good as our VA. On every measure of quality you can think of, the VA either equals or beats the private sector.”

**James DiClerico**
Then and Now refers to a series of exploitable images that feature a young boy pulling an older woman and pointing at a movie poster in the past juxtaposed against a present day illustration of an adult male pulling an adult woman’s arm while pointing at a remake, reboot or sequel of the movie in the adjacent image. Online, people have changed the movie posters depending on what movie is coming out soon.