



AW, THAT'S SWEET: The DHMC Blood Donor Program is always looking for donors, since 1 in 10 patients requires a transfusion—so during February, the program expressed appreciation to donors by giving out free chocolate truffles.

THEN & NOW

A reminder of the pace of change, and of timeless truths, from a 1919 monograph titled *The Mary Hitchcock Memorial Hospital—Its First Quarter Century*:

“The hospital charge for private patients varied from \$15 to \$25 a week, according to the room occupied, and was \$12 a week for patients in the general wards. Although the latter charge was never sufficient to cover the expense of a patient, no one was ever refused admission because of his inability to pay that sum. . . . The Hospital was thus truly a charitable institution, from whose doors, as has been said, no one was ever turned away on account of poverty.”



\$56 million

Amount of unreimbursed charitable care and uncompensated care for Medicaid patients provided at DHMC in FY06

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.”

National centers: White River, though one of 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.

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 vas-

cular surgery here at Dartmouth, and they’re going to do the surgery at the VA.”

Information infrastructure: The VA is the nation’s largest health-care 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.

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

JON GILBERT FOX



The DMS-affiliated White River VA.

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 assay 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

CLINICAL OBSERVATION

In this section, we highlight the human side of clinical academic medicine, putting a few questions to a physician at DMS-DHMC.

Peter DeLong, M.D.

Assistant Professor of Medicine

The only interventional pulmonologist in northern New England, DeLong specializes in the diagnosis and palliation of thoracic cancers. He has been at Dartmouth-Hitchcock since 2004.

What made you decide to become a physician?

There were many reasons for submitting to the endless training, deferred gratification, and institutionalized infantilization: the combination of applied science and direct contact with people in need made it fascinating. In addition, it was one of those fields I thought could never be



mastered and so would remain interesting for a whole career. Later, I came to realize that being a physician allows for, and sometimes compels, many different skill sets—research, direct patient communication,

managing resources, teaching colleagues and trainees, making public presentations—all in some way related to helping sick people. The combination of these various challenges can be fun and is rarely boring.

Of what professional accomplishment are you most proud?

I was involved in work showing that lung cancers suppress the immune response against them, and that this suppression can be decreased to help the body fight tumors.

What advice would you offer to someone who is contemplating going into your field?

Regarding medicine generally, I tell people that if they can be happy doing something else, they should do it. Medicine these days has some rewards, but it is endlessly regulated, certified, and

credentialed to the point of distraction—especially if you practice in more than one area. On the other hand, there is still an incredible amount of patient care, teaching, and research work to be done if you can get into a sustainable position to do it. So it's *caveat emptor*.

What's your favorite nonwork activity?

I like to build things. I've built furniture, guitars, houses, a sauna, a boat. Although I have not had much free time recently, when I do, building is one of the first things I gravitate to. I also like to escape to the woods with my dog and a pair of snowshoes.

What music is in your CD player right now?

Emmylou Harris, *Beggars Banquet* (by the Rolling Stones), Patty Griffin, and Metallica.

What are your favorite books?

I have always loved *A River Runs Through It* by Norman Maclean. I got to meet him once—he's a small man, not what I expected. He was delightful. I also like *The Cider House Rules*—John Irving coached me as a high-school wrestler. I love his view of the world, especially in that book. *Out of Africa* is a beautifully written book that I have reread five or six times. Mostly I read history, topical biographies, and travel books.

What about movies?

My taste in movies is pretty random. *My Life as a Dog* is a favorite. Also *The Jericho Mile*; *Cal*; *The Player*; *A Man for All Seasons*; *Shakespeare in Love*; *Lock, Stock and Two Smoking Barrels*; and *The Departed* (because I grew up in Boston). They are not really related in any way except that I think they succeed at what they attempt, so I take them on their own terms.

What is your idea of earthly happiness?

Fifty-odd acres in a pleasant place and time to enjoy it.

What is a talent that you wish you had?

I would like to be able to write music easily.



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.