

## An Interview with Dr. John Brumsted and Tom Sullivan

### Editor's Note:

*One of our writers sat down with John Brumsted and Tom Sullivan in December, 2014, shortly after the name change took effect. What follows is a Q&A with these leaders about how they worked together to make this change a reality.*



One is a lawyer and one a doctor.

One leads a university, the other a medical center and health system.

One has his roots in the Midwest, the other is a Northeasterner.

They've known each other as colleagues, with offices only a short walk apart, for less than two years. But within that timeframe, they forged a joint vision that led to a major change announced last summer and operationalized in November.

For Thomas Sullivan (call him Tom, please), President of the University of Vermont, and Dr. John Brumsted (John to all who know him), CEO of the newly named University of Vermont Medical Center



and the University of Vermont Health Network, there's both symbolic and practical impact from the renaming that goes far beyond nomenclature.

When asked to talk about that impact, their enthusiasm is palpable as they overlap answers.

**Q: OK, so borrowing from the Bard, what's in a name? Does it just reflect what already existed, or signify something new? Or both?**

**TS:** It's not just about a name, it's about the future. It publicly ratifies a long-term partnership that will even more closely integrate the University's medical research and education efforts with the Medical Center's clinical efforts. It will give both of our organizations, sharing one name, an even greater platform to garner a national reputation for the work we do.

**JB:** On a practical note, even though I spent the bulk of my career here as an academic physician, teaching, practicing medicine, participating in research, it was still difficult to explain to my peers nationally where I came from. The name Fletcher Allen had a proud local tradition; it was known for providing excellent patient care, and it honored the two women who were instrumental in its founding – Mary Fletcher and Fanny Allen. On the national academic scene, however, it was only when I added “we're the medical center of the University of Vermont,” that there was context and credibility. Sharing the University of Vermont name codifies our relationship and makes it crystal clear.

**TS:** The practical impact is tremendous. Our joint enterprise will really be a talent magnet, helping us attract and recruit medical students, residents, nurses, and distinguished faculty. And this name, with its reputation anchored in history, will resonate with the people who live in this region and want the best possible source for medical care. Because we are partners in this medical and health care enterprise, when the UVM Medical Center benefits, the University benefits.

**JB:** We're now in the peak of recruiting season for residents, and every day around 8 or 8:30, in our lobby you'll see a crew of young men and young women, all in navy and black suits, here for their interviews. We're already seeing that both the number and the quality of applicants have never been better.

**TS:** Since I've been here, I observed Match Day, when the students open the envelopes that tell them where they're going for their residency – and they shout out the name and it's almost always a name with “University” – it does make a difference.

**Q: So how and why did this name change, with all of its positive impact, happen here and now? Why not before this?**

**JB:** It had already been tried three times before, over 50 years, but it apparently was never the right mix of everyone involved seeing the benefits, and all leaders having a consistent vision. This time, we had both, although there was certainly a lot more involved now than in previous decades. The UVM



Medical Center has grown into a multi-hospital system that is providing the highest quality care for patients and is part of a federally approved Accountable Care Organization that includes Dartmouth and hundreds of physicians and other health care provider organizations. But I think the timing worked in our favor.

**TS:** The timing was definitely a factor. There's so much change in the delivery of health care, and so many opportunities we could realize by making it clear that we function in a unified way, with a common, core mission. When I was at another institution, I saw the downside of separation, with each part of the enterprise operating quite independently. And John and his team had compelling data about the benefits to all of us that helped us put aside old history and focus on the future.

**JB:** There was remarkably little pushback as we worked on this, and we did work closely together, a doctor and a lawyer, making a good team. There was sort of a sense of "what took you so long, this is obviously the right thing to do."

**TS:** We already had a good working relationship, so we could have candid conversations easily. Because I was still new here, there wasn't a lot of history that should hold us back, although it was informative.

**Q: Expand a little, if you will, on the tangible benefits.**

**JB:** There's substantial empiric evidence that when a health care organization is affiliated with a university, it's a positive. Patients have a greater sense of confidence because they understand the strengths that the academic enterprise – physician faculty, research, innovation – bring to patient care. From the inside, the academic influence helps us set a high bar for quality to consistently meet high expectations. We've always been affiliated with the University, but the name didn't make that clear. Now it's crystal clear. When you combine this with the passion that exists across our network hospitals for delivering excellent patient care, you have something really special.

**TS:** I think it really creates a positive halo for both institutions. For the UVM Medical Center, it ratifies a long-term relationship with a well-respected university. For the University, which is known for our undergraduate liberal arts strength, it also tells the world about our graduate program and strengths in science and medicine. And for both of us, with the shared name, when either one of us is visible, acknowledged, we both benefit.

**Q: And how is this going to play with your internal audiences?**

**JB:** Very positively, I think. It reinforces a partnership that's always been there, the sense of one family, but allows us both to retain our distinct cultures. Everyone recognizes the power of us working together.

**TS:** We've always been here, side by side, and so the name is a symbol of that. And it also makes it clear



how well integrated we are. One example: when prospective undergraduate students and their parents come to campus and see a major medical center here, it certainly gives those parents a sense of well-being.

**JB:** For our system hospitals in Vermont and New York State, this enhances their already-strong local reputations. This is another halo for them and at all three hospitals, the board members were very excited about this. The hospital leaders have already invited the deans (of UVM College of Medicine and College of Nursing and Health Sciences) to come for a visit and start exploring opportunities to collaborate.

In Plattsburgh, at Champlain Valley Physicians Hospital, they have had a great desire to create a family medicine residency program as a solid strategy to train and retain physicians. They've already been approved as a teaching hospital by the AGME (Accreditation Council for Graduate Medical Education). For a smaller hospital and clinic to be affiliated with a major health network and university, that's a plus in bringing in physicians. And the CEO at Champlain Valley said he's interviewed more highly qualified, board-certified physicians in the last six months, since we announced the name change, than he has in previous decades.

**Q: Any other thoughts for the people and communities who are and will be served by the University of Vermont Medical Center and the University of Vermont Health Network?**

**JB:** It's fascinating to see how the external pressures on health care delivery have accelerated the forces of change. We've brought all of our faculty practices together, integrated them with the hospital, and then integrated several outstanding community and regional hospitals, and created an Accountable Care Organization (ACO) that links Dartmouth, every hospital in Vermont, and approximately 150 other health care organizations (outpatient, rehab, long-term care, hospice, mental health, home health and more) into a network to provide more coordinated, cost-effective care for seniors. On the other side of Lake Champlain, in northern New York, we are participating in another ACO that includes more than 60 health care organizations. All of that has happened in a few years – in the past, it would have taken a few decades. Right now, it's all about momentum and moving forward, and making clear our role as a major academic medical center is a significant step.

**TS:** Vermont is known for setting the pace in health care. As John has outlined, here at The University of Vermont Medical Center, we're moving ahead to seize the opportunities that have been created by the market and by the Affordable Care Act. In some other parts of the United States, there is still resistance to the kind of changes that are happening; here, change is used as a positive force to create something different and better.

I'm told that magazines offering advice to retirees say to find a place where there is an academic medical center. And we know that access to quality health care is a plus for businesses that are



recruiting employees. So the presence of a major academic medical center adds value to this region – and the UVM Medical Center’s reputation for collaborating in ways that enhance quality while controlling the rise of health care costs, provides significant value to this region.



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