

FACTS & FIGURES

The doctor is in (demand)



1.1 billion

Number of visits to U.S. doctors' offices, emergency rooms,
and hospital outpatient departments in 2006

26%

Increase in the number of such visits between 1996 and 2006

11%

Increase in the U.S. population between 1996 and 2006

5 out of 10

Proportion of all visits to doctors' offices made by people with
chronic medical conditions, such as arthritis or diabetes

7 out of 10

Proportion of all medical visits that resulted in
at least one medication being provided, prescribed, or renewed

2.6 billion

Number of prescriptions written nationwide in 2006

478,337

Number of outpatient and emergency department visits at
Dartmouth-Hitchcock's Lebanon, N.H., site in fiscal year 2006

1.2 million

Number of visits at Dartmouth-Hitchcock's other sites in FY06

123,624

Number of prescriptions filled at DHMC's outpatient pharmacy in FY06

SOURCES: CENTERS FOR DISEASE CONTROL AND PREVENTION, DHMC

Public health pioneer Jim Yong Kim is named president of Dartmouth

DMS and DHMC may be able to claim some of the credit for attracting Dr. Jim Yong Kim, a pioneer in international public health, to be the next president of Dartmouth College.

Dartmouth has the “the perfect constellation of professional schools,” Kim recently told an audience of Dartmouth faculty, students, and staff, “in addition to a fantastic undergraduate college.” Academic medical centers can have “a huge impact on undergraduate education,” he added. “I’ve seen it. I’ve done it. I believe it.”

Office: Kim, who takes office on July 1, succeeding historian James Wright, is best known for cofounding Partners In Health (PIH) in 1987. He and Paul Farmer were medical students at Harvard when they and a few other people decided to tackle some of the globe’s most intractable health problems. They began by battling tuberculosis (TB) in a remote region of Haiti, and over the next decade PIH blossomed into a major force in global public health.

Kim was pivotal in that development. He led the first successful, large-scale treatment of multi-drug resistant TB in a poor country—Peru—despite advice from public health officials not to even attempt such an endeavor. Similar programs are now in place in over 40 nations.

Kim, who earned his undergraduate degree from Brown in

1982 and holds a Ph.D. in anthropology as well as an M.D., is also known for leading the “3 by 5” initiative at the World Health Organization (WHO). The program’s aim was, by 2005, to be giving life-prolonging antiretroviral drugs to three million HIV/AIDS patients in low- and middle-income countries. In 2003, when he launched the effort, only about 400,000 such people were getting treated.

Goal: “Everyone says it was the most ambitious, the most insane, the most infuriating target that we’ve ever set” at WHO, Kim said. Other senior WHO officials were concerned by the prospect of negative press if the goal was not met. So Kim volunteered to “take the blame,” as he put it.

“All we can do is apologize,” he told Reuters in a November 2005 interview when WHO announced it would miss the goal. “We have not moved quickly enough. We have not saved enough lives.” But, he pointed out in a BBC interview, “before 3 by 5, there was not an emphasis on saving lives. . . . Many leaders in the world were saying we just have to forget about this generation of people who are infected.” WHO eventually met the target in 2007.

Lesson: That experience “was a really important lesson in leadership,” says Kim, “knowing how to take the blame for something, or just understanding what the stakes are.”

Kim’s work is widely recognized. He received a MacArthur “genius” grant in 2003, was elected to the Institute of Medicine in 2004, and was named one

NOT IN VEIN: Al Whitney, a 71-year-old retired factory worker from Ohio, aims to donate platelets in all 50 states. He made DHMC his Granite State stop, ticking off his 27th state on May 14. He began to donate blood in 1965.



of *Time's* "100 Most Influential People in the World" in 2006.

Kim is no stranger to small towns, however. He grew up in Muscatine, Iowa, after immigrating with his family at age five from Korea. In high school, he was valedictorian and quarterback of the football team.

Groups: Though he has spent his career so far in health care—most recently as chair of the Department of Global Health and Social Medicine at Harvard—he believes that many of the lessons he's learned will be directly applicable to his new position at Dartmouth. In all of his global health endeavors, he has had to tackle "a fundamental problem," he says, "which is how do you get complex groups of people to achieve anything.

"You've got to have the science. Without the science you can't go anywhere." But you also have to figure out the best way to execute your goals, he adds, and that's where anthropology, engineering, business, and many other disciplines come into play.

JENNIFER DURGIN



Kim, right, pictured in Lesotho, Africa, is the first Asian American named as president of an Ivy League institution.

JUSTIN IDE/HARVARD UNIVERSITY NEWS OFFICE

FACING FACTS ABOUT BLOOD

The DHMC Blood Donor Program faced a mismatch. The population of people rolling up their sleeves and regularly donating blood was growing older and older. But program officials suspected there was a willingness among young people, including Dartmouth students, to give back to the community. The problem was that their standard recruitment methods didn't resonate with this audience.

Michelle Loveys Dozier, the program's marketing specialist, figured social marketing might be just the ticket. The founders of a new national nonprofit called Takes All Types (TAT) had exactly the same idea; they aimed to use Facebook's demographic linking capability to recruit blood donors. Dozier stumbled across TAT on Facebook, "learned that their mission and what we were hoping to accomplish were perfectly in line," and signed DHMC up as one of TAT's first two pilot sites in the country. "We have not seen a bump [in younger donors] as of yet," she says, "but expect to after the students return to [school] in the fall." A.S.



DMS faculty member heads national panel on opioid prescribing

If you don't continue to prescribe to me, I will kill you." That's a threat that more than a few DHMC physicians have heard from patients addicted to prescription opioids, says Dr. Gilbert Fanciullo, director of DHMC's Pain Management Center. At least once a week, he adds, staff in the pain center need to use distress buttons—similar to those at banks—to call security when angry patients demand narcotics.

"Addiction is a terrible disease," Fanciullo admits. But so is chronic pain, which is often why people begin taking opioids—such as methadone, morphine, codeine, and oxycodone. To address the problem of addiction, Fanciullo has helped draft comprehensive guidelines, both nationally and at DHMC, for prescribing opioids. He cochaired a panel of experts from the American Pain Society and the American Academy of Pain Medicine that wrote new national guidelines published recently in the *Journal of Pain*.

Abusing: Doctors want to be "humane," says Fanciullo, and use opioids as appropriate to treat pain. But they also have to worry about "who is addicted to the drug, who is diverting the drug, who is abusing the drug, . . . and who is misusing the drug inadvertently."

About 27 million Americans suffer from severe chronic pain, according to the American Med-

A PAINFUL CONCLUSION

Doctor-shopping and diverting drugs from their intended recipients—those may be ways two groups of New Hampshire residents are feeding their addiction to prescription opioids. So surmises a student who led the first-ever comprehensive analysis of New Hampshire deaths related to prescription opioids. The study was conducted by Laura Hester (pictured below), a geography major in the Dartmouth Class of '09. When she looked at age-specific death rates, she found that the greatest increase for men was among 18- to 24-year-olds and for women among 45- to 65-year-olds.

"The 18-to-24 [group] is worrisome," says Hester, because young people experience less chronic pain and thus are less likely to be prescribed opioids, such as Vicodin or OxyContin. So opioids prescribed to older adults are probably getting diverted to this younger group. In contrast, middle-aged women addicted to opioids are "most likely doctor-shopping," Hester says—going from doctor to doctor to get higher doses or more drugs. "So you have a law-enforcement problem in younger people and a prescribing-practices problem in older people," she concludes. (See the box at the top of page 11 for more on Hester's study.) J.D.

