

For a **WEB EXTRA** link to Michael Smyth's "charming, funny" video, see [dartmed.dartmouth.edu/su11/we06](http://dartmed.dartmouth.edu/su11/we06).

**REEL-Y FUN:** DH employee Michael Smyth made a video about his participation in the Prouty—a fund-raiser for Dartmouth's Norris Cotton Cancer Center—that was hailed by a national PR firm, Ragan, as being "charming, funny" and "delightfully awkward."



**THEN & NOW**

**A reminder of the pace of change, and of timeless truths, from the 1970 Mary Hitchcock Memorial Hospital Annual Review:**

"We find ourselves gearing up for a totally new era of service," wrote MHMH's executive director. "A unique partnership with the Hitchcock Clinic and Dartmouth Medical School [is] resulting in what is known as the Dartmouth-Hitchcock Medical Center. . . . It may be expected that the Hospital will become the base for a number of community-oriented health services."



**158,108**

Outpatient visits in 1980

**1.79 million**

Outpatient visits in 2010

**515,592**

2010 visits in Lebanon

**1.27 million**

2010 visits at other DH sites

**Ashes, ashes . . . cessation counseling rises**

A few years ago, DHMC wasn't making the grade when it came to helping patients stop smoking. In 2004 and 2005, for example, only 39% of patients who smoked and had been hospitalized for heart failure (a condition exacerbated by smoking) received counseling and support to help them quit.

The situation is very different today, thanks to an effort spearheaded by Dr. John Butterly, Dartmouth-Hitchcock's executive vice president of medical affairs. Smoking cessation counseling is now a routine part of care for all hospitalized patients—and 96% of smokers hospitalized for heart failure receive cessation counseling.

**Cues:** "A hospitalization represents a 'teachable moment,'" wrote Butterly, DHMC hospitalist Dr. Stephen Liu, and others in a September 2010 paper published in the *Journal of Cancer Education*. "Admission to a hospital removes smokers from daily cues associated with smoking" and provides easy access to counseling and medications that can help them quit.

The first steps in that direction began in late 2005, with the formation of a tobacco improvement group led by Butterly. Soon after, Liu led an effort to partner with the New Hampshire Department of Health and Human Services to train 150 clinicians from seven inpatient units in tobacco cessation counseling. But the group quickly realized that

most doctors and nurses did not have time in their already hectic schedules to provide the intensive counseling that was necessary. So they recruited about 50 frontline caregivers who were eager to help, including physical therapists, social workers, and some nurses and doctors. That group underwent further training and became known as the Tobacco Treatment Team (TTT). The effect was immediate.

After the implementation of the TTT, the documentation in patients' medical records of tobacco use and of cessation counseling rose steadily—from 1% of patients in January 2006 to 85% in December 2009.

More importantly, the rates of tobacco cessation counseling improved for patients admitted with several conditions aggravated by smoking. Not only did the rate for heart-failure patients rise from 39% to 96%, but for patients admitted with pneumonia

**The counseling rate for heart-failure patients rose from 39% to 96%.**

the rate improved from 52% to 82%. And although patients diagnosed with a heart attack had already been receiving counseling at a high rate of 93% in 2006, even that rate improved to 98% by 2009.

**Better:** In recent years, both the federal agency that administers Medicaid and Medicare and the national organization that accredits hospitals have been pressuring health-care providers to do a better job at combating tobacco use, explains nurse Ellen Prior, DH's tobacco treatment coordinator.

In addition to helping inpatients kick the habit, Butterly's group has also focused on employees and visitors. DHMC became a smoke-free/tobacco-free campus—outside as well as inside—in 2008 and since then has been helping other hospitals and businesses in the region do the same.

Now, visitors to DHMC who are 18 or over and not pregnant can obtain free nicotine lozenges from nurses to help them abstain from smoking while they're at

MARK WASHBURN



**John Butterly, far left, and Steven Liu, fourth from the left, were among the DHMC staff members participating in this early meeting of the Tobacco Treatment Team.**

the Medical Center. Dartmouth-Hitchcock also offers free, twice-a-week, one-on-one tobacco dependence counseling and treatment clinics in its Health Education Center. And for employees, DHMC provides free one-on-one counseling, a monthly support group for those who've quit, and full coverage for tobacco cessation medications.

The progress is encouraging, but the process hasn't been easy. Patients and visitors will often try to find places where they can smoke unnoticed, says Prior, and can be very resistant when reminded—even politely—about the no-tobacco policy.

**Quit:** Inpatients, too, sometimes respond negatively to being asked about tobacco. Some don't appreciate being "nagged" about quitting, says Butterly. When TTT team members encounter such reactions, they note the individual's wishes and move on so they don't waste precious resources on patients with no desire to quit.

Though DH has come a long way in encouraging patients, visitors, and staff to stop using tobacco, it's unclear how many have actually quit as a result. Prior and Butterly hope that sort of assessment can be done soon.

Smoking is an addiction and a chronic condition, says Prior, and "requires constant intervention." So she, Butterly, and others plan to keep working on tobacco cessation for years to come.

**Attention:** "As long as smoking is legal," concludes Butterly, "I don't think you can ever take your attention away from it."

GEOFFREY HOLMAN

## CLINICAL OBSERVATION

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

**Mary-Margaret Andrews, M.D.**

**Associate Professor of Medicine (Infectious Diseases)**

*Andrews is director of the DH Family HIV Program, which provides care to women, children, and families living with HIV. She also directs DHMC's Outpatient Parenteral Antibiotic Therapy program. She joined the DMS faculty in 1995.*

**What made you decide to become a physician?**

After college I went to work in an immunology research lab in New York City. I thought that would be a way to figure out whether I wanted to become a Ph.D. scientist. In the lab, I met infectious disease physicians who were clinician-researchers. That was my first exposure to researchers who were also physicians, and that's when I decided on medical school.

**What got you interested in infectious diseases?**

I did my clinical rotations in New York at the peak of the HIV epidemic, and many of the inpatients I saw, both children and adults, had HIV infection. I also worked with an infectious diseases professor on my fourth-year rotation who was very dynamic, interesting, and helpful and was wonderful with patients.



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

You have to go into the field with a love of the underlying microbiology and pathophysiology. Medicine is very challenging and increasingly technical, and there's this draw pulling you away from being with patients. So two things I tell students to ask themselves are "Does this pathogen stuff really interest you?" and "Do you really like working with patients?" Those are the things that hold your interest in the field.

**What is the greatest frustration in your work? And the greatest joy?**

In medicine there is a demand for conformity, which is very hard on people's individuality. I'm also frustrated by the amount of computer work, which takes away from doctoring. The greatest joy is interacting with patients, as well as the diversity in my field. Many of us wear many hats, which adds to the complexity—but it also pulls you in and doesn't let you get bored.

**If you weren't a physician what would you like to be?**

I think I'd be a musician—I was a serious flute player years ago. Or a chef.

**What kinds of concerts or performances do you enjoy?**

I attend many different types of concerts. You name it, I probably enjoy listening to it. The most memorable concert that I've been to was seeing Grace Potter live on the shores of Lake Champlain. I'm also a big fan of baroque music.

**What famous person would you most like to meet?**

Bono of U2, because of both the music he's created and the important things he's done as an activist. I think he's an inspiring person (from what I know), with his social justice agenda.

**What's the last book you read?**

*Strength in What Remains* by Tracy Kidder. Not only is it an amazing, moving story, but I work with a number of refugees from Burundi and Rwanda, and I also had an association with New York similar to the one related in the book.

**If you had a time machine, what's the first place you'd go?**

A time in my own life that is irrevocably etched in my memory: the 1960s on Nauset Beach on Cape Cod with my family. All my happy summer memories are there.

**Do you have a hero?**

My mother. She decided to become a working mom, went back to school, and became a counselor and ran her own business for many years. She's really a model of how to continue to adapt and grow with equanimity.

