

touchstone

THE MAGAZINE OF MOUNTAIN AREA HEALTH EDUCATION CENTER

SPRING 2017



Healthy Women Build Healthy Communities



From our President and CEO, Dr. Jeff Heck

Did you know that MAHEC makes a significant contribution to women's health in Western North Carolina? For example:

1. MAHEC Ob/Gyn Specialists delivers more than 2,400 babies per year at Mission Hospital, providing high-quality prenatal care, delivery, and postpartum care for women with simple to the most complex pregnancies.
2. MAHEC also has the only high-risk obstetricians (Maternal Fetal Medicine specialists) in the region and is the referral practice for high-risk pregnancies in the western 18 counties.
3. MAHEC has a comprehensive Osteoporosis Clinic at the Family Health Center staffed by Dr. Lisa LaVallee and clinical pharmacists.
4. MAHEC is the leader in the region in Centering Pregnancy™, a group visit prenatal care model which has been shown to improve pregnancy education and care and reduce preterm birth.
5. MAHEC's Dr. Dan Frayne in Family Medicine is a national leader in preconception health which focuses on preconception planning to reduce unsafe, unintended or unwanted pregnancies.

Finally, we practice what we preach! MAHEC has many women leaders, residents, and medical students and is attentive to providing equal pay and benefits regardless of gender. We have a zero tolerance policy for gender discrimination or sexual harassment.



Jeffrey E. Heck

Jeffery E. Heck, MD
President and CEO, MAHEC
Professor, UNC Chapel Hill



- Financial Counselors
- Nutritionists
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- Behavioral Health Specialists
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- Pelvic Pain Specialists
- In-Office Procedures
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- Centering Pregnancy™
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- Vulvar Specialist
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- Osteoporosis Clinic
- Dental Care
- And more



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828-257-4400
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- MAHEC Family Health Center at Cane Creek
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- MAHEC Family Health Center at Lake Lure
- MAHEC Family Health Center at Newbridge
- MAHEC Family Health Center at Swannanoa
- MAHEC Ob/Gyn Specialists
- Hendersonville Family Health Center
- Deerfield Retirement Community
- Givens Estates

MAHEC's mission is to train the next generation of healthcare professionals for Western North Carolina through quality healthcare, innovative education and best practice models that can be replicated nationally.

*We value:
Excellence,
Innovation,
Compassion,
Collaboration.*

To remove your name from the mail list or update your address, call 828-771-4203, email debbie.manley@mahec.net, or mail the enclosed envelope with your request.

"MAHEC is working hard with community partners toward improving our community's health."

- Beth Buys, MD, FACOG
MAHEC Ob/Gyn Division Director



*"W*omen make the majority of healthcare decisions for the whole family," says Dr. Beth Buys, Ob/Gyn Division Director. "Just empowering a woman to think about her own health ultimately blossoms out into her family. If she's compassionate and thoughtful about her own health, then she's going to be healthier for her family. And when families are healthy, then communities are healthy."

MAHEC combines experts at every level, community partnerships, and additional services on-site. Barriers that women may face in having their needs met are removed, and a full blanket of services are provided all in one place.

"Most innovative models of healthcare show that patients who receive services all at one time receive more access instead of having to make multiple appointments or go to multiple sites," says Dr. Buys.

Knowing that women are key to a healthy community, MAHEC wraps around Western North Carolina in a fabric of support. Whether it's community partnerships, providing a safety net for our most vulnerable patients, or being a 'one-stop shop' for healthcare needs, MAHEC continues to grow and support our community and the women in it in every way we can.

Miracle Babies A Surprise Pregnancy Became Double the Risk but Double the Joy

This last year has been quite a shock for Bonnie and her husband, Jeremy. In fact, they had several increasingly larger shocks in a row. First, they discovered they were pregnant with their second child. Three weeks later, they learned it would be twins. Fast forward another three weeks and they discover the babies are not just twins, they're mono-mono (Monoamniotic) twins - the highest risk type of twin pregnancy with a 50-50 chance of live birth for both twins.

"We just had a lot to process because we wanted to get excited about the pregnancy, but there was also a lot of fear," says Bonnie. "It was a pretty scary situation."

That situation connected them to MAHEC. With a specialization in Maternal Fetal Medicine (MFM), MAHEC Ob/Gyn Specialists has the only subspecialty boarded doctors who do high-risk care in the WNC region. It was started because of the need for women's healthcare in the area.

"Women used to have to travel to Duke, UNC, or Wake Forest if they needed high-risk care, but it became evident pretty quickly that traveling during pregnancy is often difficult," says Dr. Jennifer Warren, MAHEC MFM specialist and Ob/Gyn residency program director. "If MAHEC was going to provide pregnancy care, we wanted high-risk pregnancies to be an integral part of our services here."

Providing high-risk care for women across the region is no small job. It can include women with medical problems, such as diabetes, hypertension, thyroid disease, etc.; babies with differences, such as growth, structural, or heart problems; or women with substance use, which has been on the rise. MAHEC remotely looks at all the ultrasounds across the region to provide help with whether the women need referrals or if they're stable enough to stay with their provider.

Continued on next page ...



Family of Five: Jeremy and Bonnie are thrilled to have the entire family healthy and home together.

“We have special expertise in prenatal diagnosis including ultrasound and diagnostic procedures,” says Dr. Carol Coulson, head of the MAHEC MFM department. “The catchment area is so wide that the number of babies that have differences and the number of moms who have medical problems are pretty substantial. Another important piece is that we function as a 24-hour hotline for doctors across the region who want to make sure they’re doing the best thing for their patients.”

Keeping those high-risk patients here in the community for care is done thanks to a collaborative relationship with Mission Hospital, which is a tertiary care center with the highest level NICU and pediatric subspecialty services.

That’s something with which Bonnie and her family became all too familiar. She actually moved into the hospital at 24 weeks of pregnancy, leaving her three-year old daughter

and husband at home. Though it seemed difficult at first, it meant the best possible outcome for the twins, and, to their surprise, it became a home away from home. They got to know the nurses, MAHEC residents, and all five MFM doctors on a personal level, which made all the difference when it came time to deliver a little bit early.

“The beautiful thing about that scenario was because I had been there for so long, all the doctors and nurses knew me and had been watching our babies for 50-some days,” says Bonnie. “There was a lot of peace because we knew they were invested in getting these girls here. They even knew their names and they knew our three-year old. They knew our family so well that it took away a lot of fear.”

That fear could be replaced with joy as three-year old Liberty became a big sister to 3-lb,

identical twin girls, Haddie and Laynie. Though the twins both spent quite a bit of time in the NICU after birth, they are now double the weight and double the joy.

“Now that we’re home, we can finally be a family unit,” says Bonnie. “We’re obviously relieved that our story ended up a successful one because we knew all along that there

‘They knew our family so well that it took away a lot of fear.’

was a chance that it might not be. We’re just thankful that it turned out everyone is here and safe and

doing well. We received such great attention from MAHEC, and they made what sounded like a nightmare – leaving my kid and husband to live at the hospital – to be such a good situation. I was sad to leave because it felt like a family. But, overall, we’re thankful that everybody is all together and we can be a family of five.”

Finding Encouragement In What Can Feel Like A Futile Struggle

The ‘Women’s Recovery Conference: Keys to Sustaining Recovery’ Continues on at MAHEC

Geri Miller, PhD, LP, LPC, LCAS, recently walked into her office to find a note from a woman who attended her training the previous year. It thanked Geri for the encouragement and connection the woman felt during what had been a horrible time in her life. It was just more proof to Geri of how important the Women’s Recovery Conference (WRC) is to both attendees and presenters.

‘It’s about women pulling together, connecting, sharing, and knowing they’re not alone’

The conference originally began 31 years ago, after the state began hiring coordinators to treat women with addiction rather than prosecuting them. There was a new focus on training people to treat women’s addiction differently instead of using the men’s model of care. In the midst of all of that, the WRC (formerly ‘Addiction: Focus on Women Conference’) emerged, but it was so much more.

“It’s about women pulling together, connecting, sharing, and knowing they’re not alone,” says Leslie McCrory, LPCS, LCAS, CCS, who previously helped plan and present at the conference over the years. “People can get better, they do get better, and they recover. It’s just powerful to see and experience it.”

Although the conference has morphed and been reshaped over the years, the inspiration and commitment to helping women with addiction remains the same. Geri says one of the reasons the conference is so important is because not only is the most current, quality information presented, but there’s also a dialogue between the trainers and attendees on how best to adapt that information to the rural Appalachian population here.

“As a trainer and a participant, I feel encouraged to go on in what can feel like a futile struggle,” she says. “The conference is energizing, and it’s really encouraging to remind each other how important this is.”

As the mental health and addiction field evolved, the conference changed with it, including the addition of a Healthcare Concentration Track that bridges the gap between medical and behavioral health. Leslie says there’s always been heart and passion in caring for women, but now they can offer so much more in terms of the professional aspect with the latest knowledge and training. Geri sees the same balance in knowledge and care and thinks it’s what makes this “one of the best addiction conferences in the nation.”

“If anything is going to save us in this world, it’s our ‘humanness,’” she says. “Like they say on airplanes (in the event of an accident), ‘put your mask on first, and then help the person next to you.’ There’s a lot of self-care at the conference, and both heads and hearts are taken care of so you can then give that head and heart to others.”

The 2017 Women’s Recovery Conference: Keys to Sustaining Recovery will be held May 3-5 at MAHEC.



Expression Through Dance: Barbara Marlowe, Certified 5Rhythms Teacher, leads a class on dance as an expressive art at the 2015 WRC Conference.

Project CARA Bridges the Gap Between Medical and Behavioral Health for Pregnant Women With Substance Use



(Above) Project CARA: Drs. Coulson and Mullins offer a patient support. (Right) Team CARA: Front Row: Marie Gannon, LCAS, LPC; Denise Weegar, LCAS (Women’s Recovery Center); Ann Mann, RN; Melinda Ramage, FNP Back Row: Lisa Nickerson, RN (ADATC); Michelle Bartlett, MA; Nathan Mullins, MD; Tammy Cody, MSW, LCSW, Mission Hospital; Carol Coulson, MD; Ra’Sheena Parker, WHNP

Increasing Access to Decrease Barriers

A small corner in the MAHEC Ob/Gyn Specialists building can seem like a scene from a movie on Tuesday mornings. Project CARA (Care that Advocates Respect/Resiliency/Recovery for All) team members huddle together at ‘command central,’ waiting to be tagged in and out of patient appointments as needed. This integrated team, consisting of medical providers, nurses, and behavioral and clinical addiction specialists, are ready at a moment’s notice to step in and address the current need of pregnant patients with substance use disorders. While a patient may be at her appointment with Dr. Nathan Mullins, Ob/Gyn generalist physician, for an opioid replacement therapy prescription refill, her history of depression emerges. Right then and there, Marie Gannon, a mental health professional, is called in to consult with her.

“I think the biggest part of our team’s success comes from it really being a team effort,” says Melinda Ramage, a family nurse practitioner at MAHEC Ob/Gyn Specialists and Project CARA team member. “If we can get them what they need in real time, that’s the best model, and that’s what we’re trying to support.”

With the rise of the opioid epidemic in the region, MAHEC has treated over 200 pregnant women with substance use in 2016. Project CARA brings the worlds of medical and behavioral health together to provide the best care and support available and remove some of the obstacles the patient would otherwise have to navigate on their own.

“We’re learning that anytime you can look at this chronic relapsing medical condition and put it in a medical model along with behavioral

health, we increase access to care and decrease barriers,” says Melinda. “Instead of only going to your OB visit or your behavioral health visit, here you can go to both.”

The original clinic, Mountain Area Perinatal Substance Abuse Program (MAPSAP) began 20 years ago as the first model in the region to bring behavioral health into the obstetrical home. However, it was later moved back out due to changes in behavioral healthcare reform. Now with the opioid epidemic, it has been brought back in and the Project CARA Team is doing everything they can to treat the women and their support groups coming from all 17 counties of WNC.

Many patients work multiple jobs, already have children at home, may be driving every morning to the methadone clinic, and could be coming from over an hour away. Add needing support for behavioral health to the list, and it can be difficult for patients to add a separate appointment to their busy schedule. Melinda says the clinic wanted to do more to make sure women received all the help they really needed in a comfortable and welcoming environment.

“I feel like we are in a society where women are often blamed for the ‘series of choices’ that brought them to this point,” she says. “So often if you just talk to someone and open up that first layer of their shell, you realize it’s never that simple. I think that we, as a clinic, have the understanding that we may never know what’s under the shell, but we have to treat and give women the opportunity and the benefit of a doubt that they deserve some help. They’ll take care of the rest.”



Project CARA is an OB-centered, perinatal substance use disorder clinic that offers consultative services for outside obstetric providers, ongoing OB care, substance use assessment and referral, group OB and substance use care, and has two licensed buprenorphine prescribers.

This is done through partnerships with outside agencies, including Women’s Recovery Center services, Mission’s Neonatal Abstinence Syndrome delivery preparation team, and Julian F. Keith Alcohol and Drug Abuse Treatment Center inpatient treatment services, who meet and assess patients during their appointments at MAHEC.



Conquering Fears and Creating Families in Centering Pregnancy™

Promise was nervous entering the Centering Pregnancy™ group. Although she had two children at home, this would be her first experience with a group model of care rather than individual doctor appointments. Her jitters of being in a group soon faded, and as each mother's belly grew, so did their friendships and feelings of being prepared for when their babies arrived.



Up, Up, & Away: Promise left Centering Pregnancy™ not only with new friends, but also with tips and skills to take care of baby Nile and the rest of her family.

"We built a sisterhood, and they taught us so much stuff that you don't normally get when you go to a regular doctor's appointment," says Promise. "It was a learning experience and a doctor's appointment in one. They just got us more prepared for everything we were about to get into."

It had been a while for Promise since her last child was a baby so she was grateful for not only a recap of anything she may have forgotten about, but also new tips and ideas she could use. Between how to swaddle a newborn, breastfeeding tips, and even parenting advice, Promise and her group left with new information each week. They also learned how to do things entirely on their own, such as taking their own blood pressure and listening to the baby's heartbeat.

"The goal is to empower women and their support people so they feel confident in taking care of themselves both in pregnancy and beyond," says Amanda Murphy, Certified Nurse-Midwife and Centering Pregnancy Director at MAHEC. "This extends to how they feel making decisions for their family even after their time with the group is over."

Promise was quickly able to conquer her fear of the new group, but it was much harder to get over her anxiety about having another cesarean. Since she had both previous children that way, it necessitated having her third the same. But she dreaded the thought of another surgery. The staff set her up for

a private appointment with her doctor to discuss what to expect and hear her fears and wants. From there, she was given a tour of the hospital and surgery room, and they talked with her about how the procedure would work so she could feel comfortable with it all when the day came.

"It was amazing," says Promise. "There was even music playing in the operating room. I was relaxed because I saw that there was so much support."

Promise delivered her baby boy on May 30th. Although she's happy to have another healthy child at home, it wasn't so easy to let go of the new family she made at Centering Pregnancy.

"The last day was kind of sad," she says. "I just felt like it was a big family, like it was something I had been going to my whole life. Everyone was so helpful, sweet, and they are really caring people. They didn't want you to just come to the appointment and leave. They want you to learn, to be able to do things for yourself, and take something from the experience. I miss it! I wish I could just go to group to help educate others!"

at the same time and have both of them troubleshoot and figure out what's going on," says Georganna Cogburn, MSHE, RD, LDN, IBCLC, RLC, Regional Lactation Trainer at MAHEC. "There's help out there, and they can come in and be on the road to having a good breastfeeding experience instead of struggling."

The support extends to behavioral health specialists onsite that can assist if any red flags go up during a consultation.

"When women do not feel like they can feed their baby successfully, it can prompt depression," says Alexis. "We're not here to make them breastfeed all the time, but we want them to feel successful as moms.

We can work with them to meet their needs and breastfeed in whatever way works best for them so they have a good bond with their baby and are not struggling all the time."

PrePregnancy Care: *Healthy Mom, Healthy Family*

A woman's health is so important that MAHEC checks in on her even when she's there for her child's appointment. MAHEC is a collaborating member of the IMPLICIT Network (Interventions to Minimize Preterm and Low Birth Weight Infants through Continuous Improvement Techniques). Because 50% of pregnancies are unplanned, and the main reason for infant mortality is preterm birth and low birth weight, it's important to treat the woman before she becomes pregnant. That's why women of child-bearing age, regardless of whether they are a patient or whether they have insurance,

answer a series of questions during routine primary care visits or during their children's well-child visits.

"The mom's health is directly related to the health of the family, whether it's the current baby's health or a future child," says Dr. Dan Frayne, a family physician at MAHEC and Co-Chair of the Clinical Work Group of the National Preconception Health and Healthcare Initiative.

After childbirth, the focus tends to be on the health of the child, but the mother's health needs to be taken care of too - Healthy Mom, Healthy Family. A quick assessment is done on every mother at every visit, looking at four main areas that affect future pregnancy risk: tobacco use, depression, the importance

of birth spacing and contraception, and multivitamin intake.

In addition to primary care, MAHEC Family Medicine doctors also provide care during pregnancy, and the majority at MAHEC are trained in delivery. That means the same doctor a patient sees for regular visits can stay with them through pregnancy and delivery, and continue to care for both the mom and baby afterwards - one doctor to care for the entire family.

'The mom's health is directly related to the health of the family, whether it's the current baby's health or a future child.'

Did you know that oral health can impact conditions or diseases within the body that might not be associated with the mouth, such as diabetes, some heart conditions, and even pregnancy?

Your Mouth Can Say A Great Deal

"The mouth can be seen as a 'gateway' to the rest of the body and an indicator of overall health," says Dr. Jessica Planer, faculty dentist at the MAHEC Dental Health Center and Center for Advanced Training.

That's why any woman who visits MAHEC Ob/Gyn Specialists who does not already have a dentist is referred to the MAHEC dental office, located conveniently across the street.

"Some people are surprised to hear this, but pregnancy is not a reason to put off seeing the dentist!" says Dr. Planer. "Tooth decay and gum

disease are caused by bacteria, and this bacteria can travel through a pregnant mother's bloodstream and possibly affect her unborn child. A mother can also pass bacteria from her own mouth to her child's mouth. Sharing utensils and kissing are common ways this can happen. Hopefully you can see that a healthy mouth is not only good for mom, but good for her child too!"

A dental visit can also sometimes tip off the dentist that there's something else going on within the body that needs to be addressed based on changes in the mouth. Mouth ulcers, bleeding gums, or bony changes on an x-ray might alert the dentist to this possibility, which is another reason dental care is important for everyone.

"We realize the dentist's office is not always everyone's favorite place to visit, and we truly try to make your time here as enjoyable and stress-free as we can," says Dr. Planer. "With our Family Medicine and Ob/Gyn programs right here on the MAHEC Biltmore Campus, we are in a unique position to help our patients take care of a wide variety of healthcare needs."

'We want to provide our patients with as much independence and quality of life as we can.'

looking for any high risk or harmful drug interactions. The goal is to get patients off any medications they do not need or find safer alternatives.

"Clinical pharmacists are a real asset for us in the care of geriatric patients," says Dr. LaVallee. "There's so much potential harm we can do by giving too much medication. We want to provide our patients with as much independence and quality of life as we can."

That's why the Osteoporosis Clinic is so important in the care of aging women. It's even a referral center for osteoporosis in Asheville. Part of the reason it's so successful are the pharmacists embedded in primary care. Pharmacists review patient medications,

OSTEOPOROSIS: *The Silent Disease*

"I'm passionate about keeping women independent and helping them age well," says Dr. Lisa LaVallee, Family Medicine Residency Program Director at MAHEC.

That's what it all comes down to at the Osteoporosis Clinic. The goal is to identify patients who have thinning bone and try to prevent fractures before they happen, but it's not always easy.

"It's a silent disease," says Dr. LaVallee. "It's hard to convince patients to treat it because the disease doesn't speak to them. We're asking them to manage the risk of something that will happen in the future."

Helping Moms Feel *Successful* in the Breastfeeding Struggle

The goal is to not only help mothers, but also help educate other providers in the community.

"We're an educational facility and we do so much outreach in the community," says Alexis. "We wanted to be the specialists, but also help spread education to the area. Breastfeeding is one way that we can help reduce such a great health disparity that we see everywhere."

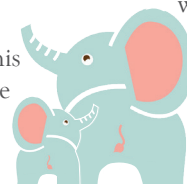
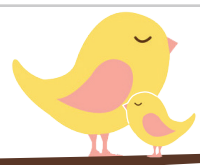
Breastfeeding plays a role in reducing infant mortality, as well as establishing a bond between mother and baby. That bond can be difficult to build when there's pain or infections, which is where the clinic steps in to help.

"I think the reason it's needed for this region is because there's not a place that they can go and see a medical provider and a lactation consultant

"Breastfeeding is so hard, but it's just expected to be the norm," says Alexis Wilson, BS, MSN, FNP, Nurse Practitioner at MAHEC Ob/Gyn Specialists. "So many times when women are postpartum, they leave the hospital, and all of the sudden they don't have any support. I feel like the biggest thing we have to do for these women is support them."

That's exactly what the Breastfeeding Clinic at MAHEC does. Although there are lactation consulting services around, the MAHEC clinic is one of only a handful of specialty clinics in the country that can also treat more chronic conditions medically.

Because of the need for medical support in the region, it's also open to outside referrals.



RECHARGE, REFRESH, & RESTART

because women can't run on coffee alone

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Re-Energizing Your Life

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Heart Attack in Women - Signs You Shouldn't Chalk Up to Stress

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RSVP: www.mahec.net/Recharge



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