Aaron Vaughan, MD, examines a patient at the Family Health Center on the newly unified MAHEC campus.
From Our CEO, Dr. Jeff Heck

This year we celebrate a decade of planning to bring our healthcare and education together on the Mary C. Nesbitt Biltmore Campus. We not only benefit from beautiful space, cost-savings and increased efficiencies, but for the first time ever our clinical care and family medicine, ob-gyn and dental residencies experience the synergy of being unified on one campus.

We also launched the start of a charitable gift program. MAHEC is a 501(c)3 organization, but in our 39 years, we have never engaged the community through philanthropy. There are many opportunities for partnership and we know philanthropy can help us foster innovation among our talented and passionate faculty and staff to meet the challenges that lie ahead.

- As a leader in education we recruit, train and retain physicians who serve Western North Carolina, becoming your family doctor.
- As a critical provider of safety net healthcare, particularly for women during pregnancy, we need your help.
- As a leader in primary care innovations, setting standards for quality, cost-effective healthcare, we value your partnership.

We hope you will join us this year in the “First Day of Giving” campaign and consider making an investment in MAHEC and the health of our region through a charitable gift.

Jeffery E. Heck, MD
President and CEO
Associate Dean, Asheville Campus
UNC School of Medicine
Professor, UNC-Chapel Hill
The new campus not only provides much-needed space and encourages interdisciplinary collaboration, but also saves our nonprofit organization more than $145,000 a year. To honor lifelong Asheville resident, educator and legislator Mary Cordell Nesbitt’s dedication to her community, representatives Susan Fisher, Tim Moffitt and Nathan Ramsey put forward a bill to rename MAHEC’s 13-acre site the Mary C. Nesbitt Biltmore Campus. More than 200 people came to an open house and renaming ceremony September 18th to celebrate the name change.

“One campus is better for our patients, our staff and our budget. Three years ago, facilities at five different locations were outdated with high maintenance costs, unfavorable lease rates and no room for growth.”

—MAHEC CFO George Wike
According to Family Medicine Medical Director John Rowe, MD, MAHEC plans to continue implementing new technologies to increase efficiency for both the patient and health professional.

“We hope to have a patient portal within the next year. What that will allow is for patients to securely contact us through email, request appointments, ask for refills and ask questions of the nurse,” Dr. Rowe said. “We’d be able to send lab results quickly to folks, so it’s a communication tool that I think will really improve care.”

Beyond the enormous technical advantages of a new facility and improved connectivity between sites, Steve Hulkower, MD, Director of the Division of Family Medicine, said staff and patients benefit from the new campus’ community atmosphere.

“It’s convenient for patients just being able to walk across the parking lot or up the stairs to get the care beyond what we can provide directly in family medicine,” Dr. Hulkower said. “I think it also allows more of an exchange of ideas, educational interactions and clinical interactions.”

At more than 40,000 square feet, the new Family Health Center provides fifty percent more clinical and education space than at the program’s former home on W.T. Weaver Boulevard. Specially designed to optimize the patient experience, the new facility offers a nursing room for mothers, on-site behavioral-health specialists, and in-house pharmacotherapy. Funding from The Duke Endowment and Givens Estates enabled us to accommodate the special needs of geriatric patients with special rooms and equipment.

“We were shocked that [the new campus] was this big and this beautiful. There is so much more space here,” said Allie, whose husband is a MAHEC patient and for decades was a patient of Dr. Harry Summerlin, a MAHEC founder.

With the new space are cutting-edge technologies instrumental in keeping MAHEC at the forefront of primary care. A retinal camera takes pictures of the back of the eye to screen diabetic patients for signs that they could be on the course to blindness. A new musculoskeletal ultrasound machine allows recent faculty addition Aaron Vaughan, MD, a sports medicine specialist, to produce advanced images of muscles, tendons, ligaments and joints. The new campus also facilitates innovative and multidisciplinary initiatives, such as group medical visits.

As an early adopter of electronic medical records in 1996, MAHEC has long been at the forefront of embracing quality improvement practices. We were the first in North Carolina to receive the Level 3 Patient-Centered Medical Home designation and during recent years, MAHEC has been awarded special recognition from the National Committee for Quality Assurance for excellence in care of patients with diabetes and heart disease.

The MAHEC Family Health Center in Cane Creek and Newbridge and future practices in Enka/Candler and Lake Lure will share a database with MAHEC’s electronic medical record system, increasing connectivity between satellite sites and the central campus. The EMR system also allows physicians to study and analyze how their care is improving health outcomes for patients and meeting national standards.

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“The move enables us to collaborate with our obstetrics and dental colleagues so that we can learn from each other and share patient care in a more seamless fashion.”

—MAHEC’s Director of the Division of Family Medicine, Dr. Steve Hulkower
According to the 2011 census, North Carolina has four dentists for every 10,000 people, far below the national average of six.

To combat this trend, MAHEC’s Dental Health Center relocated from its former space on McDowell Street to an expanded office on the Biltmore campus, enabling the dentistry program to grow. With fifty percent more space, MAHEC will have the potential to expand the number of residents, thereby producing more skilled dentists for our underserved region.

“We’re fortunate that we’ve been able to recruit and attract some of the best students from around the country,” said Division Director of General Dentistry, William Ryals, DMD. “It’s because of MAHEC and the quality of our program.”

The Dental Health Center not only supports learning, collaboration and excellent care, but also features windows in almost every treatment room, a larger surgical suite that can accommodate portable anesthesia equipment, a modernized x-ray room, and two operatories with new equipment funded by The Duke Endowment.

The cost-saving move to the new dental facility ensures MAHEC faculty and residents will continue to offer top-notch care for the community. Next on the agenda is the acquisition of mobile dental equipment, which will enable MAHEC to go out to remote sites, such as schools, nursing homes and assisted-living centers.

“We want to expose our residents to the importance of taking good care of everyone. We hope to inspire some of them to go into community health, and for those who go into private practice, we hope to inspire them to look for opportunities to extend their services to those who are less fortunate,” Dr. Ryals said.

In addition to making way for health initiatives, the clinic’s proximity to Family Medicine in the same building and to Ob-Gyn across campus encourages patients to seek dental care when they come to MAHEC for other services.

“What we understand about prevention is in the long haul it is less costly and better for you to prevent disease than to treat disease,” Dr. Ryals said. “In the busy life that we all seem to lead, why not go to one destination and have multiple services performed and multiple needs met? That’s what this MAHEC campus represents.”
Healthcare is changing all around us—patients need greater access to quality care, physicians strain to find the joy of practice amidst increasing demands, and a drive for improved health outcomes faces the challenge of cost-efficient delivery.

“If you are frustrated with the way things are going then you can’t keep doing things the same way. You have got to make a change,” said Dr. Brian Moore, family physician at North Buncombe Family Medicine and MAHEC graduate class of 2004. “I think team-based care is going to make it better for all of us.”

Re-engineering new models of care at the family practice level is a must and team-based care holds great promise for practice redesign in this time of transformation.

What is RAMP Up?

MAHEC’s innovative approach through RAMP Up (Re-engineering Academy for Medical Practices) engages teams from medical practices with training, peer-to-peer learning and on-site coaching. The goal is to help practices implement team-based care. Eight medical practices from Bakersville to Celo and Candler committed to five months of RAMP Up training and practice consulting.

Jenny Hall, MD and MAHEC graduate Class of 2008, is part of the first RAMP Up cohort and is one of three MAHEC graduates at the North Buncombe Family Medicine in Weaverville where team-based care has been routine since the practice’s inception.

In the words of world-renowned surgeon and author Atul Gawande, “We’ve trained, hired and rewarded people to be cowboys, but it’s pit crews we need.”¹
“Team-based care is all about spending more time with patients.”
—Dr. Jenny Hall, MAHEC graduate, Class of 2008

“Team-based care is all about spending more time with patients,” Dr. Hall said. “It is interesting to get different practices together at RAMP Up and talk about the way they do things. I am coming back with new ideas on how to incorporate other aspects of the team, such as adding a nurse to do population management or hospital follow-up.”

Each family practice has selected a physician champion, clinical or administrative supervisor and at least one medical assistant to participate. Physicians and administrators develop the tools to build the infrastructure and learn to enhance a positive team-based culture. Medical assistants learn advanced clinical knowledge, electronic health record scribing, patient interviewing and education techniques.

“We get to work to the best of our ability. We do everything at the max of our certification. We draw blood, we do all the scribing and dictation, so the doctors are free to work one on one with the patient,” said Belinda McElreath, CMA at North Buncombe Family Medicine, in explaining her role.

Wendy Coin, MD, Medical Director at the Family Health Centers in Asheville, is a MAHEC graduate from the class of 1993 and recently implemented team-based care. “I know all of my patients’ disease management and quality improvement targets are being addressed. I am getting done earlier. I am concentrating more on diagnosis and treatment planning,” she said.

The Impact – Better Care for Patients and a Return to the Joy of Practice

For most family physicians, cultivating the healing relationship with their patients is essential to the joy of practice that deepens their fulfillment and commitment. Team-based care allows physicians and medical assistants to devote more time to building trust in the patient relationship.

Dr. Beth Buys and medical assistant Crystal Walker re-engineered their roles at MAHEC’s Ob-Gyn office.

“I have been very concerned with the implementation of the electronic medical record and how bringing the computer into the room could shift my focus away from the patient,” said Dr. Buys. “Team-based care has allowed me to keep my focus on the patient without the barrier of the computer screen.”

Crystal described why she enjoys her experience. “I get to spend more time with the patient and really get to know them. The patients feel more cared for,” she said.

Physicians and medical staff aren’t the only ones who benefit from team-based care. Patients in these practices also show higher satisfaction and improved health outcomes. In addition, “the use of multi-disciplinary teams has been associated with reduced medication errors, improved medication adherence and fewer inpatient hospital days.”

Highly functioning provider teams will be critical to payment reform, patient-centered medical homes and the drive for measured health outcomes as a determinant of success. RAMP Up not only strengthens primary care teams in WNC, it is actively preparing medical practices for healthcare transformation.

The next RAMP Up cohort will be in early 2014.

For more information, contact Elaine Scherer at elaine.scherer@mahec.net, or Evan Richardson at evan.richardson@mahec.net.

MAHEC & Women for Women of Western North Carolina Invite you to ...

Findings from the NC Women’s Health Report Card
A Snapshot of Women’s Health Disparities

Tuesday, November 19, 5:30 - 7:30 pm

5:30 pm  Refreshments
6:00 pm  Wendy Brewster, MD, PhD
followed by a panel of local experts

MAHEC Education Building
121 Hendersonville Road
Asheville, North Carolina

Join us for an engaging event filled with learning, dialogue and perspectives from local healthcare experts.

The event will feature Dr. Wendy Brewster, who completed a fellowship in gynecologic oncology and obtained a PhD with a focus on cancer epidemiology. She has witnessed the devastating impact of gynecologic cancers on women, particularly from underserved communities.

Wendy Brewster, MD, PhD
Director of The Center for Women’s Health Research at UNC Chapel Hill and a Gynecologic Oncologist