



YOU WROTE THE BOOK ON COMPASSION

2017 YEAR IN REVIEW





*To all those who
provide support,
however possible.*

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How beautiful a day
can be when
kindness
touches it.
- George Elliston

You wrote the book on compassion,
and we're reading it cover to cover.

Every year we are faced with new challenges, but we can rely on you to guide us through even the hardest of times. We can't thank you enough for all the support – financially and emotionally – that allows us to make even the smallest of changes. Because even the tiniest of actions can mean the most to those it helps.

Please share a few of the touching stories you made possible with friends and loved ones. We can all sometimes use a reminder that a little bit of good can go a long way, and the people it touches help spread it even further. Thank you for being that little bit of good in our world. To us and to those you've helped, it means so much.

We look forward to helping you write new chapters and spread more good in the year to come.



CHAPTER 1

With your help

The IDD Clinic Prepares Doctors to Care for an Overlooked Population

In the past, a trip to the doctor caused anxiety for Dakota, and that's if he could even find one willing and able to treat him. Between difficulty sitting still in the waiting room and feeling rushed through a 15-minute appointment, Dakota never felt comfortable. By the time he could understand what the doctor was explaining, the appointment would be over, but when he tried the new Intellectual and Developmental Disabilities (IDD) Clinic at MAHEC, **he felt listened to for the first time.**

There are doctors that do not feel comfortable treating IDD patients or coordinating with specialists and other needs. That's something that MAHEC Family Medicine 3rd Year Chief Resident Rebecca Thomson, MD, experienced first-hand with her younger brother who has autism. Once he reached adulthood, their family could no longer find a doctor who would continue to care for him.

"It's a national issue," says Rebecca. "We used to think that autism, in particular, was really rare, and now we're learning that it's either more common than we thought or the prevalence is actually increasing. **We have people with Down syndrome, cerebral palsy, brain injuries and other kinds of disabilities who are older and still need care.**"

That's why she helped MAHEC physicians Melissa Hicks, MD, and Joshua Gettinger, MD, start the clinic this past August. Time in the waiting area is avoided by bringing patients back quickly, extended appointment times fill any gaps in standard healthcare that were overlooked for more pressing needs, and through community partnerships, additional services and resources in the area are coordinated. Most importantly, **they're training residents to be better able to care for this population.**

"IDD patients are usually sent out to a specialist," says Kerri, Dakota's mother and IDD Clinic advisory council member. **"We've got to build our capacity to care for them, and MAHEC has really taken the lead to do that."**

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It's already made a difference for Dakota, who serves as a self-advocate on the advisory council and provides feedback to improve the process. **He traveled to Chapel Hill for services from the time he was 8 years old until he turned 21.**

"It took that long to get him back here to his community to get the care that he needed," says Kerri.

During his appointment, doctors addressed more than just immediate concerns by looking at his lifestyle and helping him with how to find a job. Dakota even set a goal to lower the amount of cigarettes he smokes a day. Kerri says it's the first time he was willing to hear what the doctors had to say and not shut down.

"It's tough finding a good doctor," Dakota says.

But that's just what he's finally found – and more than one. He now sees a number of his doctors all in one location at MAHEC – including primary care, dental, and psychiatry – and he thinks the clinic will help others feel just as comfortable sharing whatever needs to be said with their doctors.

The clinic serves current patients and those transitioning care to MAHEC, but the hope is to eventually expand services in a consulting capacity for others in the area. They've already received inquiries from all over the community.

"Word gets around quickly when you find out that someone can help your loved one," says Rebecca, who received the American Academy of Family Physicians Excellence in GME (Graduate Medical Education) Award for the program and is helping create a residency curriculum that can be replicated elsewhere. "Patients with IDD live across the country. We're trying to train all family docs to be better advocates for that patient population."

A Good Doctor



Dakota and his mother, Kerri

is Hard to Find

Residency
& Fellowship
Programs

94

Residents
& Fellows

2

New* Residency
Programs

*General Surgery
*Psychiatry
Family Medicine
Ob/Gyn
Dental
Pharmacy

2

New* Fellowships

*Maternal Child Health
*Rural Family Medicine
Sports Medicine
Hospice/Palliative

5

Millions of people have
HEPATITIS

MOST DON'T KNOW

Learn more. Talk to your doctor. Get tested.

6



www.cdc.gov/hepatitis



Family Medicine
Division

6
Successfully Treated
(100% success rate so far!)

7
Currently in Active
Treatment

12
Currently in Active
Workup for Treatment

200+
Active Hepatitis C
Patients in MAHEC
Family Health System
(We have a lot of work to do!)

CHAPTER 2

The Hepatitis C Clinic Gives Patients Their Lives Back

A peeled off label from the prescription bottle marks Tuesday, December 19th on Grace's* home calendar. **It serves as a reminder of the entire ordeal and the day she was officially cured from Hepatitis C.**

The original diagnosis came as a complete shock. Grace was just having a routine physical, but she came out with a diagnosis of what seemed like a scary, life threatening disease that she didn't even know she had.

"I felt fine, but I was deathly ill," she says. "It's a silent killer."

Grace can still remember back when Hepatitis C used to be a death sentence. She doesn't have any tattoos, she doesn't engage in risky behavior, she has never used IV drugs, and she has no idea how she contracted it. But what she does know is that she had an awful conversation with her husband that made them both start questioning things, and when another family member began avoiding her, Grace became very cautious of who she told.

"I didn't realize what an emotional burden having Hepatitis C is for many of our patients," says Rebecca Grandy, PharmD, clinical pharmacist at MAHEC.

Many people have the virus for much of their life and are not even aware of it until they present with one of the end stages of the disease. For those that contract the virus, 80% will become chronic, which slowly affects the liver over time. With the rise of the opioid epidemic and newer screening protocols, more cases are being caught earlier. When Rebecca and Dr. Eric Smith, MAHEC family medicine physician, realized the high prevalence of Hepatitis C in the community and the shortage of resources for these patients, they decided to do something about it.

"There was a need, and I wanted to be part of the solution," says Rebecca. **"Access to treatment in WNC is limited, and often these patients are marginalized."**

They began a pilot Hepatitis C Clinic at the MAHEC Family Health Center at Enka/Candler. Through the clinic, they are able to compile data to determine if

you make the words
'you're cured'
POSSIBLE

the patient is a candidate for treatment as well as make sure all the paperwork is in place for insurance because, although the newer medications have an expected cure rate of 98-99%, they can also cost up to \$100,000 for a complete course of treatment. Once Rebecca and Eric get through the first steps and get approval, they are able to then coordinate delivery of the medication, follow up, and ultimately return the patient back to the care of their primary physician.

For Eric, it's important to teach residents and primary care doctors that they can treat Hepatitis C. For a long time, it had been a disease managed exclusively by the gastroenterologist or infectious disease doctor because the medications were not as effective and had high risks of side effects. **Newer medications are safe, effective, and able to be managed by a primary care doctor.**

Rebecca and Eric are determined to help as many patients as they can. They started with a small number of patients to ensure they establish a good protocol that can eventually be replicated at the other offices, a process which has taken 6-8 months. They are just now beginning to see the fruits of their labor.

"So far, it's a small number, but a 100% success rate," says Eric. "We've had some of the greatest responses from our patients. It's something many of them are not proud of even if they don't know how they contracted it and don't have a history consistent with the typical Hepatitis C cases. They carry this burden with them, and to relieve them of that is rewarding for them and for us."

Grace is one of those grateful patients. Luckily, she had the support of her husband, some close friends, and her doctors.

"I was very impressed with the care that I got," says Grace. "They didn't treat me like there was a stigma attached to it. It was nice to be able to go in there and just be treated with dignity. **They gave me my life back.**"

*Patient name changed to protect identity

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CHAPTER 3

Your Support Keeps Independent Practices Operating for Generations to Come

“You can’t quit until I die.”

It’s something Dr. Sandra McCormack hears frequently from her patients in Tryon. As one of a few remaining independent physicians in the area, she’s built strong relationships and knows many patients on a personal level. When the ER calls about a patient, she can list their conditions and medications even before looking in the computer system. She’s been the local family doc for over 30 years with a practice set up in a charming ranch house that feels like home. Both she and her patients like this, making it all the more important that Dr. McCormack continues to operate this way. But, like many one-provider practices, she finds the increasing requirements for reimbursements a greater burden for her practice.

“She really is very important to her community, and **we are striving to help her navigate through the changing world of healthcare so she is successful and the practice remains open,**” says Mark Holmstrom, MSHA, FACHE, Business Operations Consultant for the MAHEC Health Innovation Partners (HIP Team).

Through the HIP Team, MAHEC has been working closely with Dr. McCormack and other independent practices over the years. As the healthcare system evolves, so do the challenges. The HIP Team is able to act as ambassadors, bringing MAHEC to rural practices. This past year, Dr. McCormack was one of two practices where Mark and Terri Roberts, MS, Senior Consultant for the MAHEC HIP Team, have started a **pilot project providing full practice management consultation** thanks to a grant from the North Carolina Medical Society Foundation.

“These practices put their trust in MAHEC,” says Terri.

For Dr. McCormack, that includes sharing financial statements so Mark can help her create new and future budgets for the practice. The HIP Team identified key

A Doctor’s Office That

strategic initiatives for her practice. A unique assessment tool created by the HIP Team helped Dr. McCormack narrow down practice priorities by looking at resources and impact on the practice. Mark travels to her office every few weeks to review the process and next steps. Without this help, Dr. McCormack would have been concerned about the continued independence of the business. Between payer and government challenges, acting as her own practice manager and IT department, and continuing to devote herself to her patients, the changing requirements for healthcare can be overwhelming.

“**In today’s medical environment, surviving the changes would have been difficult without the help of the MAHEC team,**” says Dr. McCormack.

The last thing she wanted was to become an employee in a big system and lose the personal connection she has with patients and families in the area. With the help MAHEC is providing, she is able to take an active role in staying independent and continuing to be there for the patients that rely on her.

“**She’s just that community physician that you picture as someone who is there all day, every day, to do anything for her patients,**” says Terri.

And that’s what she does. Dr. McCormack ensures she is available 24/7 to her patients by phone or patient portal. They’re the reason she appreciates MAHEC, not only to keep the practice running, but to prepare for **another primary care provider with the same heart and passion to take over in the future.**

“I am still energized by my practice, but I’ve always said when I no longer have the energy, I will think of an alternative,” says Dr. McCormack. “My goal is to find someone who wants to be independent and come to Tryon to take over and keep the practice as it has been for these many years.”

It’s something MAHEC wants, too.

Feels Like Home



Innovation
Department

16

Practices
Supported

Quality improvement and data
analytics through Heart Health
Now AHRQ Grant

5

Practices
Achieved
Level 3 PCMH
Recognition

Consulting for BCBS Patient-
Centered Medical Home (PCMH)

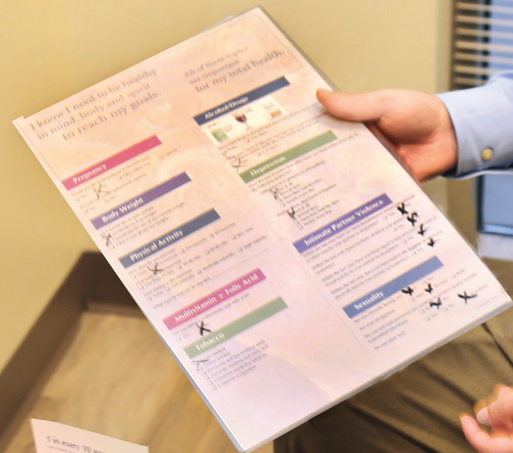
20

Practices Enrolled
Across the State

PEP (Practice Excellence Project)
- Prepares practices for the new
value-based reimbursement
environment

9

Patient Knows Best



Research
Division

CHAPTER 4

You're Taking the Lead on National Innovation and Building Trust at the Same Time

For the first time in her life, Cindy felt like doctors actually cared about her well-being. That's because instead of being told what she should do, she had the opportunity to tell providers what would work best for her.

Cindy, along with other community members who face additional barriers to receiving care, were invited by MAHEC's Research Department to participate in a "Human-Centered Design" (HCD) research project surrounding women's health screenings.

"We're very lucky to have Evan Richardson, MAHEC Director of Patient Safety and our in-house expert on HCD," says Kathy Foley, PhD, director of the Division of Research. "Evan's expertise allows MAHEC to apply HCD to research and quality improvement projects."

This innovative model brings together both the clinicians and the patients that this care directly affects to work out a new approach together.

"When you go to your primary care doctor, almost everybody feels like it's a series of checkboxes," says Kathy. "Nobody likes it. The providers do it because there are quality metrics they're trying to hit, and patients can feel that."

This project allowed providers to hear patients' perspectives directly about the best way to ask sensitive questions in the first place. Because, as Cindy puts it, "How would you know if you don't ask?" The questions center around topics such as intimate partner violence, nutrition, substance use, pregnancy intention, and others. And what they came up with together was a new tool for screenings to help get the most honest answers from women.

9

Research
Publications by
MAHEC authors

"Because of the Research Division's involvement, we created something that probably never would have been designed because it's not clinician-driven – it's patient-driven," says Dan Frayne, MD, medical director for the MAHEC Family Health Centers and project consultant for the National Preconception Health and Health Care Initiative. "We have now designed something that is unique and has laid the groundwork for a national pilot program."

Kathy says the Research Division opens doors for the clinical team by adding in social science perspectives and approaches to really improve patient outcomes. Not only are they looking at how to improve women's health screenings, but at the same time, they're also adding research on best methods for community involvement because the research itself is not out there yet. It ends up being a combined effort which will have an impact throughout the nation to boost health outcomes.

"With the development of the Research Division, and building that resource, we're now able to bring a lot of work back to MAHEC," says Dan. **"I think we've only scratched the surface of what we're going to be capable of doing and being not just a local leader but a national leader. We have the opportunity and the right tools here – not just at MAHEC, but in WNC to really lead innovation."**

While the new screening tool is being tested and shared with other states across the country to pilot, it's already played an important role right here at home. It's something Cindy is proud to have been a part of designing, but more importantly, the whole process showed her something she had not seen or felt before.

"It showed me that doctors really do care, and they're really wanting to help make the community better," she says. "It lays down trust."

From Recommendation to Recommending

Parkinson's makes even the simplest of tasks a little more difficult. So when Charles walked back into the waiting room after his cleaning and the hygienist followed to help him put on his jacket, **he knew he had found the right dentist.**

"Everybody was so thoughtful," he says. "I was really surprised."

It's a feeling shared by his wife, Ginny. When their own dentist retired, they had a hard time finding someone else in their network who was accepting new patients.

"It's hard, especially when you're a senior," Ginny says.

Then a friend recommended MAHEC Dental Health Center and Center for Advanced Training, where she has been a patient for over 10 years. With state-of-the-art equipment and large windows overlooking picturesque views of the mountains, it was a long way from what Charles and Ginny remembered of their childhood dentists. They both can still picture the smell, the heat, and the smoke the old drills created.

"They didn't have drills – they had jackhammers," jokes Charles.

It was a completely different experience for them at MAHEC with modern facilities that made for a smooth visit. Although they have not been afraid of the dentist in years, **they found much more than they were expecting at MAHEC.** It was the people that stood out most to Ginny and Charles, and it wasn't just from their own experience. They watched how staff treated other people in the office, and what they witnessed was a great deal of kindness and consideration.

"They were just real sweet and professional, but also very kind and loving," says Ginny.

And it was all thanks to a recommendation from a friend. Ginny is making sure to pass along the favor. Whether it's a trip to the post office or visiting with a friend, she's finding reasons to make sure others know how she feels about her new dentist.

"I'm almost 80 years old, and I'd say this is the best experience in a dentist's chair I've ever had in my life."

Dental Health





Student Education & Internships

CHAPTER 6

Mentors Play an Important Role in Who Future Doctors Become

Dr. Margaret Sullivan could see the Ob/Gyn in Lauren Cox before Lauren ever could. Perhaps that was because Dr. Sullivan could see herself. In fact, so could everyone around them. The nurses affectionately called her Dr. Sullivan's "mini-me." But as clearly as Dr. Sullivan could see the path in front of Lauren, she knew Lauren needed to come to the conclusion on her own.

"I had to let her go through the process and just be available," says Dr. Sullivan, Ob/Gyn chief of staff for McDowell Hospital and MAHEC Ob/Gyn Residency graduate. "I wanted her to find what her passion was because that's the only way to do medicine."

When Lauren, UNC School of Medicine Asheville Campus student and Kenan Primary Care Rural Medical Scholar, first did rotations in Ob/Gyn with Dr. Sullivan, she was set on the idea of going into family medicine. But in addition to teaching Lauren the various aspects of being an Ob/Gyn in a rural area and giving her hands-on experience, Dr. Sullivan went a step further than just being a preceptor – she became a mentor, taking Lauren 'under her wing.'

It had always been important to Dr. Sullivan to be surrounded by people she could see herself being like. She had already walked the same path that Lauren was on and knew having those people around helped make it easier to get there. As her own mentors had done for her, Dr. Sullivan made sure to introduce Lauren to people who could help guide and influence her decision. Now Lauren finds herself wanting very much to be like Dr. Sullivan.

"For the longest time I kept asking myself, 'Do I love Ob because of her or do I love Ob because I love Ob?'" says Lauren. "Now I can't imagine doing anything else. One day, I want to be a teacher like her."

When an Ob patient would come through her rotations in family medicine and she became excited, Lauren knew she found her calling. She credits Dr. Sullivan and all the others at MAHEC for helping her find her path because it had not been an easy journey. Now, she's finishing her fourth year of medical school and interviewing for Ob/Gyn residencies (MAHEC included).

"There's no way I'd be in medical school, there's no way I'd be doing what I'm doing now, without MAHEC," says Lauren. "They've had such a large impact on my life, and I'm so grateful. I wouldn't be where I am without them."

And it won't come as a surprise to anyone who knows her if one day Lauren is doing the exact same for a future medical student as Dr. Sullivan did for her.

You're Helping Fashion
DOCTORS
Who Others Want To Be Like

975

K-12 Students

Touched through Health Careers
and Diversity Education or Project
PROMISE workshops

18

Undergraduate Interns

310

Graduate Health
Science Students

67

UNC School of Medicine
Asheville Campus Students
3rd and 4th year

10,086

Unique Continuing
Education Participants

1,041

Continuing Education
Programs

JULY 1, 2017

New State Requirement
of Opioid Education for
Prescribers Went Into Effect

1,000+

Unique Participants in
Opioid Education

From July-October

16

CHAPTER 7 BIRTH IS *unpredictable*

When the EMT arrived at the home, she found a mother in severe pain, a baby that was blue and not breathing, and a panicking father. What should she do?

At a local emergency room, a man rushes to the nearest nurse and says that his wife is in labor in the car, but the nurse finds her unresponsive, possibly from drugs. What should the nurse do next?

The image of labor and birth is often depicted with the mother in a hospital bed, surrounded by an obstetrical team of nurses and doctors closely monitoring her labor and ready for any complication that may arise. The reality can be drastically different. **These are the types of real-life scenarios presented to attendees of the Basic Life Support in Obstetrics (BLSO®) course.**

"MAHEC's whole focus is really assisting our rural community," says Elaine Alexander, MSN, RNC-OB, MAHEC Simulation Center director and Nursing Continuing Education planner. **"Because rural patients have to travel long distances to get their care, there's going to be the potential for more deliveries to occur outside of the hospital.** So we are helping EMS, EMT, and emergency department physicians and nurses obtain the knowledge and skills they need to assist patients delivering in rural facilities or EMS vehicles."

Using the new Simulation Center, participants receive hands-on practice of lessons learned with low-fidelity mannequins. They cover various scenarios from normal to breech deliveries, preterm labor, and emergency deliveries requiring maternal or neonatal resuscitation. The focus is on first responders and emergency department physicians and nurses who do not normally deliver babies or have not seen deliveries in a while.

"They go through a rotation in Ob during school, but they may never see it again until they end up in one of these emergency situations," says Elaine. "It can be very overwhelming. Even though as a nurse you are not doing the delivery, the expectation is that with BLSO® everyone is on the same page. You know what the physician will be doing next and can anticipate his needs so that everything flows smoother."

Since simulation allows for the recreation of any type of scenario, it is also helpful to those who deliver regularly. There are problems doctors just rarely encounter, even if they've practiced obstetrics for years. Having practiced it during a simulation sets the provider up for a better chance of success if they see it later in real life. **Attendees can practice different complications over and over and, unlike real life, they can stop and ask questions.**

The feedback Elaine receives from the course is that participants feel much better prepared and find it almost essential for what they are encountering in their work. They know how unpredictable birth can be and are expecting the unexpected. Elaine has seen the program grow as word spreads. The last time BLSO® was held in 2015, there were 38 attendees. **2017 participation has more than doubled with 87 attendees.**

"When you have a father who is in a panic, he's going to go to the nearest hospital whether they deliver babies or not," says Elaine. "Then, there are patients who don't have insurance but have had several easy deliveries in the past so they try to deliver at home and something goes wrong. **We want anybody who might end up seeing these patients to be as prepared as possible for these unexpected situations that can occur.**"

Training Professionals
to Expect the Unexpected

Thanks to You

Continuing
Education

894
Gynecological
Surgeries Performed

5,159
In-Office Procedures

1,885
Centering Pregnancy™
Patients

CHAPTER 8

YOU MADE ASHLEY'S LIFE 'SURREALISTICALLY FANTASTIC'

After Ten Years of Trying, She's Enjoying Every Exhausting Second of Being a Mom

It took ten long years, a support team, and a miracle to bring Grayson Sova into this world, and Ashley has spent this past year feeling incredibly blessed to feel so exhausted. It's been her first year as a new mother – something she always knew she wanted to be deep down in her heart, and something she struggled to become for so long.

"It's strange that something I wanted so badly that I didn't think was ever going to happen is suddenly here," she says. "It seems surreal. Surrealistically fantastic."

Surrealistically fantastic are precisely the words to describe the end of her complicated journey to motherhood, and she couldn't have done it without help. From the extra support she drew from her husband, to the love of her parents who helped look after her during a difficult pregnancy, to her doula at her side, and to Dr. Mimi Konitzer, 4th year Ob/Gyn resident at MAHEC, who helped her through a heartbreaking miscarriage and the devastating news of infertility, but also an unexpected and rough second pregnancy which resulted in the absolute joy of her life.

"The team is what made this possible," says Ashley. "And I don't think Dr. Konitzer realizes what she meant to me through all of this."

It was a feeling of complete disbelief when Ashley found out she was pregnant with Grayson Sova. After ten years of trying, a few health conditions, and testing that showed it was highly unlikely she'd ever have a child, the odds were stacked against her.

"I learned that the first ultrasound is kind of where you can tell this is all real because you hear that heartbeat," says Ashley, remembering the hope she had felt going into the ultrasound during her first pregnancy.

Having not heard the heartbeat in that first pregnancy was nothing short of heartbreaking. So when she went in for the ultrasound in her second unexpected pregnancy, she tried to find ways to block out difficult memories and stay calm. She kept her hands busy twisting and bending some brightly colored paperclips she had carried into the appointment from work. As she twined them together into a rainbow, everything she hoped for came true. Grayson Sova's heartbeat filled the room and their lives.

Ashley did not have an easy pregnancy and ended up with numerous doctor visits, but she always felt comfortable with all the nurses that treated her with compassion. Her rough pregnancy turned into a frightening delivery, but Ashley's team helped her pull through. Although everything that could go wrong seemed like it did, she couldn't stop smiling and laughing after Grayson Sova made his entrance into the world. Dr. Konitzer and the medical team raced into action when she began hemorrhaging after the delivery, but all Ashley could see was her baby boy nestled in the arms of her husband. And that's all she needed.

"Ashley and her husband are the essence of resilience and grace," says Dr. Konitzer.

Today, the rainbow paperclips and the printed first ultrasound that Dr. Konitzer labeled "baby's first photo" are tucked away safely in Grayson Sova's memory box. They're reminders of the long, difficult journey that brought him home. His "first photo" is now one of thousands as Ashley and her husband cherish every single moment spent with him and their new life as a family.

BY THE numbers:

Established in 1974 as an independent non-profit, MAHEC's mission is to train the next generation of healthcare professionals for WNC through quality healthcare, innovative education, and best practice models that can be replicated nationally.



28

Medical and Dental
Graduates



250+

Project CARA patients

Care that Advocates Respect/Resilience/Recovery for All
Substance Use in Pregnancy



\$1,100,000+

Charity Care

140,000+

total patient visits

2017

IMPACT

\$85,742



Donations
Raised



BROKE GROUND
on UNC Health Sciences
at MAHEC

Academic health center for WNC
on Biltmore Campus, dedicated to
improving rural health



**PLANNING &
DEVELOPMENT**

Proposed UNC Asheville/
UNC Gillings Joint Program
of Public Health

Master of Public Health program classes
scheduled to begin Fall 2018, pending
UNC General Administration approval



2,300

Babies Delivered

**DONATIONS
SUPPORTED**
Visual Patient
Education Systems

Baby Scale

for Breastfeeding Clinic

Blankets

for low-income patients

Lockboxes

to keep patient medications
safe & reduce risk of overdoses

Self-Care Bags

for Project CARA programs

Geriatric Medicine

Global Rural Health

Student Medical Education

Women's Health



2

Registered Dietitians

Now part of integrated healthcare teams in
Family Medicine and Ob/Gyn on Biltmore Campus



572

Total Number
of MAHEC Employees
Full and Part-Time

56
Positions
Added

155
Employees
Hired

BOARD OF DIRECTORS

At-Large Members
Melissa Himelein, PhD
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Mr. Kenneth Partin
Joseph Pino, MD

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Hospital Board*
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Medical Society Board*
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Brian Moore, MD

*Representing Western North
Carolina Health Network Board*
Casey Cooper
Heather Gates
Alan Stiles, MD

MAHEC President/CEO
Jeffery E. Heck, MD



EXCELLENCE INNOVATION COMPASSION COLLABORATION



The MAHEC Development Office connects the generosity of the community with opportunities to improve healthcare in WNC.

For questions, information, or campus tours, please contact our Development Office:

Debbie Manley
(828) 771-4203
debbie.manley@mahec.net