

touchstone

THE MAGAZINE OF MOUNTAIN AREA HEALTH EDUCATION CENTER

FALL 2017



The Future of Rural Health



From our
President and CEO,
Dr. Jeff Heck

**The MAHEC Mandate:
Expand Rural Education To Improve Rural Healthcare**

Rural areas in the U.S. are increasingly experiencing shortages of primary care, general surgery, women's health, and behavioral health providers. WNC has shortages in all of these areas.

MAHEC is committed to addressing this healthcare shortage on multiple fronts – from training doctors for rural areas to helping rural students gain acceptance into health professions programs – MAHEC is embarking on an “all-out effort” to turn this national trend away from urbanization and turn it toward rural healthcare.

This past year, we opened new residency programs in General Surgery and Psychiatry, increased the number of Family Medicine residents in Hendersonville and Asheville, and increased the class size of the UNC School of Medicine Biltmore Campus. Five of our recent Family Medicine resident graduates joined rural practices in some of the most underserved counties in our region.

In the fall of 2018, we will enroll students in a new Master of Public Health program offered jointly by UNC Asheville and UNC Gillings School of Global Public Health on MAHEC's Asheville campus. We are also significantly expanding clinical learning opportunities for allied health students from Western Carolina University.

MAHEC's new academic health center will draw on our unique mountain values, including pride in community and strong partnerships with organizations that have been serving the mountains for generations. All of our programs encourage learners to train with rural professionals, develop a deep appreciation for rural values, and contribute to improving the quality of life and health in communities across our region.

In four years, MAHEC has grown from 300 to over 600 employees, added more than 100 learners, expanded our continuing education programs, developed a state-of-the art Simulation Center, and increased our care to underserved populations in our practices.

Thank you for your confidence and for your help in bringing rural healthcare home.



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



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Patient Care Provided at:

MAHEC Dental Health Center
and Center for Advanced Training

MAHEC Family Health Center at Biltmore

MAHEC Family Health Center at Cane Creek

MAHEC Family Health Center at Enka/Candler

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 TACKLES RURAL HEALTH

One Provider at a Time

Stepping into rural Western North Carolina is like a scene from a movie (and it's been in several). There's no shortage of majestic mountain views in varying hues of blue; waterfalls cascading through dense, lush forests; or genuine, caring people. What is more difficult to find are the doctors.

MAHEC is on the path to change that. Thanks to recent state appropriations, efforts to recruit, train, and place providers throughout WNC are expanding. Through student internships, residencies, fellowships, and partnerships with local providers, the “pipeline” is reaching students at an early age to encourage interest in healthcare professions and help them complete the journey to a career where they're needed most.



Bryan Hodge, DO
Director, MAHEC Hendersonville Family Medicine Residency

“If there's one high impact thing you can do to actually change the health of a community with poor health outcomes, it would be to send a family physician into that area – not only for access, but for leadership and bringing the community together.”

- Bryan Hodge, DO

Talking the Talk and Walking the Walk

Family Physician Goes From ‘Wanting To Be Like Them’ to the One Others Want To Be Like

Dr. Bryan Hodge, MAHEC family physician at Hendersonville Family Health Center, feels lucky to have found where he's needed. When making the decision seven years ago whether to join MAHEC's faculty, all he had to do was look around him.

“I looked at the people I would be spending my days with at work, and they were people I wanted to be like,” says Bryan. “They shared a lot of my world views such as the need to address health disparities, the importance of education, and the value of mentorship.”

Mentorship is important to Bryan because that's how he found his passion for medicine in the first place. Mentors throughout his life encouraged him to find a career where he was serving the greater good of the community. While on a service trip to Honduras, he found his calling in medicine.

“I just realized how if you don't have good health or access to healthcare in a way to have wellness, then your opportunity in life is substantially limited,” he says.

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WNC HAS AN ESTIMATED
SHORTAGE OF

140
primary care providers
AND AT LEAST
20
general surgeons

Every one
16
of the
counties in WNC
is a population or geographic primary care
Health Professional Shortage Area

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Bryan wanted to have the biggest impact on community health that he could. As a family physician in a rural area, he is not only a doctor, but a community leader. There's something different about practicing medicine in small towns like Hendersonville. It's not uncommon for Bryan to run into the grocery store, or walk down the sidewalks with his family, and bump into a patient or two along the way.

Although his initial passion is patient care and improving healthcare in the U.S., Bryan added another role to his title a year ago - Hendersonville Family Medicine Residency Program Director.

"I realized there's the ability to have a real significant impact on peoples' lives beyond the patients - by training young, future physicians to actually do this type of

MAHEC trains and recruits healthcare providers, like Dr. Bryan Hodge. Many graduates go on to practice in WNC.

60%

of MAHEC family medicine graduates stay to practice in WNC

work," he says. "Being a program director is such an honorable role because you get to both 'walk the walk' and 'talk the talk' and serve in a mentorship manner."

He's become one of those people he wanted to be like, and there are a number of young mentees now looking to him with the same admiration and desire to do good in their community. Dr. Amber Heckart, Hendersonville family medicine 2nd year chief resident, is one of them.

MAHEC'S RURAL FOCUS

PROVIDERS

FELLOWSHIPS

[POST RESIDENCY]

RESIDENCIES

[POST MEDICAL SCHOOL]

KENAN PRIMARY CARE
MEDICAL SCHOLARS

[MEDICAL SCHOOL]

WNC HEART

[UNDERGRADUATE]

PROJECT PROMISE

[HIGH SCHOOL]

Continued from previous page ...

"You're in that patient's world," she says. "You get to be their mentor, their counselor, give them medical advice, but they also come to you for so many more things. A lot of times it isn't even about the medicine. It's your support for them and helping them find local community resources to meet their needs. I think it's a special relationship we get to have with our patients."

She will be creating those special relationships in her chosen location of Lake Lure. Residents are also expected to complete a community project based on local needs, and it's something that excites her before she's even started.

"I think there are opportunities for each of us to go out to each of these smaller, rural clinics and really start to be involved in the community and create projects that will make a change," she says.

Left to Right: Drs. White, Doiron, Garcia, and Houser. (Not pictured: Dr. Restrepo)



MAHEC offers a number of rural fellowships through state funding. Fellowships provide new physicians additional training in rural medicine and a connection with MAHEC so they don't feel completely out on their own. The expectation is to stay at the practice when the fellowship ends. RURAL FELLOWSHIPS THROUGH MAHEC IN 2017 INCLUDE:

RURAL FAMILY MEDICINE FELLOWSHIPS

Jessica White, MD - Yancey/Mitchell
Winona Houser, MD - Swain
Robyn Restrepo, MD - Macon

MATERNAL CHILD HEALTH FELLOWSHIPS

Paulette Doiron, MD - Haywood
Kelly Garcia, MD - Haywood

Hendersonville Family Medicine Residency offers a rural training track, which is one of the features that drew Dr. Amber Heckart to the program. There are also brand new General Surgery and Psychiatry Residencies that started July 2017 to help fill the need in WNC.

4

Psychiatry Residents

8

General Surgery Residents

"At the heart of it all, everybody that's working in this program is really dedicated at a level beyond their profession - they want to take care of vulnerable and underserved populations."

- Dr. Bryan Hodge



SMALL TOWN, BIG HEART: Dr. Amber Heckart is passionate about rural primary care and plans to practice in WNC.

One Stoplight, One Doctor, One Aspiring Resident

Amber Came From a Small Town and Has Her Heart Set on Practicing in One

It certainly doesn't hurt that Dr. Amber Heckart is familiar with that small town feel. In fact, she's drawn to it. Growing up in a little town on the North Carolina coast, there was one stoplight to match the one doctor. Amber can even remember the family dog following him around his medical practice.

"It was just this great community feel that he had with all of his patients, and he was a leader in the community," she says. "I really admired him for that."

He inspired her to go into medicine, and she's found that same admiration for the faculty at the Hendersonville Family Medicine Residency. MAHEC's leadership, rural focus, and curriculum drew her to the program. The Hendersonville program also has a rural expansion project that allows residents, who already train in rural areas (including Polk, Transylvania, Rutherford, and Haywood counties), to pick one location to align with for their second and third years. They will do about 20% of their outpatient experience at the site so they build their own patient base (and relationships) as well as gain mentorship from rural doctors working in smaller clinics.

Amber wants to do it all, and feels like she's learning to do just that. Whether it's a delivery in the middle of the night or a pediatric visit followed by their grandparent, Amber loves being able to see different generations in families. As rural doctors, it's part of being embedded in a small community where everyone knows you.

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Building a Rural Identity

Becoming a Rural Family Doctor Is Not a Sacrifice for Rivers

Franklin native and current first-year resident in the MAHEC Family Medicine Residency Program, Rivers Woodward, MD, is planning ahead for his future career. Knowing he wants to practice in a small town, he actively seeks out trainings and education that fall within his passion, including substance use and addiction treatment, home visits, and group models of care.

"When you tell someone you want to be a rural family doctor, people always say, 'Oh, God bless you. We really need more of those,'" says Rivers. "My response is always, 'Yes, but it's exciting for me, too. I'm not making a sacrifice.'"

You can say Rivers found his passion for rural health while in medical school. The summer after his first year, he took part in

"I'm in a position where I feel an incredible amount of responsibility and connection, not just to WNC, but to access to healthcare and other issues."

- Rivers



FOLLOWING THE PATH TO PRIMARY CARE: Dr. Rivers Woodward, one of the first Kenan Scholars, is currently a family medicine resident.

Kenan Primary Care Medical Scholars receive automatic admission to the UNC School of Medicine Asheville Campus for 3rd and 4th year of medical school after the six-week internship. Because of the success of the program, the state appropriates \$1 million to UNC each year to expand it across the state. Programs have already started in Chapel Hill and Wilmington.

32

scholars since 2013

the very first Kenan Primary Care Medical Scholars Program. Spending those weeks out in rural WNC, he saw first-hand the community's need and the compassion of the physicians trying to help. Some of those experiences will stay with him as he prepares to join them in the coming years.

It was the summer of 2013, when the piercing wail of the ambulance spilled onto the hospital drive in Spruce Pine. Rivers was shadowing the doctor who ordered the ambulance. A patient was close to being fully dilated, and the doctor thought there would be enough time to transport her to Mission Hospital (over an hour away) where they were well-equipped to handle high-risk pregnancies like hers. The plan had always been for her to actually deliver at Mission, but as Rivers witnessed during his first-ever delivery, things don't always go as planned.

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As she was being transferred to the ambulance, her water broke. There was no more time, and Rivers watched as the doctor made the split-second decision to keep her there rather than deliver in the back of an ambulance somewhere on the long drive to Asheville. It was not a smooth delivery, and the baby, blue and not breathing or responding well, needed resuscitation before being transferred to Mission's NICU.

"It's one thing to plan for mothers to deliver their babies at Mission, get there a couple of days before to get situated, and have the baby," says Rivers. "And it's a totally different thing to see how that plays out in reality in these rural communities. That birth didn't go as planned, but we made do with the resources we had. I'm just so thankful that a family doc trained in obstetrics was there because otherwise that outcome could have been very different, and the baby might not have made it."

'It really gives students a chance to be immersed in a rural community.'

That experience, one of many in the Kenan program, helped build Rivers' 'rural identity,' as he calls it. Amanda Greene, rural medical student education and undergraduate internships director at MAHEC, says it was

created to address the need for pipeline programming for medical students with a specific interest in rural and underserved areas. The idea is to expose medical students to rural care and make a connection with a community in hopes that they will then want to continue on to rural health careers. In addition to clinical shadowing, they also meet once a week for further instruction on rural health topics such as Appalachian culture, Cherokee Indian health, migrant health, access to care, motivational interviewing skills, wilderness medicine, and more. The program has been so successful that funding was received to expand the model across the state.

"We're trying to do everything we can to get them into primary care," says Amanda. "There's definitely something to be said about pipeline programming. It really gives students a chance to be immersed in a rural community."

That immersion played a big role in Rivers' medical journey. He, along with his other colleagues in the program, began to feel a responsibility and ownership as healthcare professionals in their communities. Wanting to keep a connection, and knowing the disparity of students from rural areas entering the medical field, Rivers and Brittany Papworth started Project PROMISE (Providing Rural Opportunities in Medicine

through Inspiring Service and Education). They learned through studies that the most predictable factor of healthcare professionals staying in small towns is if they had rural experience or backgrounds growing up. Knowing that undergraduate internships were already in place at MAHEC, they turned to high school.

"Our goal was to catch students even sooner and start to funnel them into the pipeline," says Rivers.

Project PROMISE has since grown and continues to expand. Rivers was hands-on and completely invested when the program first started, acting as a mentor and spending much of the little spare time he had with the students. In the midst of his third year of medical school, when he was tired and stressed from long hours, being with the students did something else for him - it helped remind him of his purpose.

"Seeing people with that much potential early on in the process and feeling like I had a role to play in inspiring them really kept me in touch with why I'm in medicine and why I'm committed to the healthcare of the region," says Rivers. "Interacting with them brought me back to that."

One of those students that Rivers helped guide into the same pipeline he's a part of was **Christen Thomas**.

WHAT DO YOU WANT TO BE WHEN YOU GROW UP?

Christen Discovered What She Didn't Want To Be



SEARCHING FOR HER PERFECT FIT: Christen, sitting in her old fifth-grade classroom where she completed her community project, has not decided what she wants to pursue as a career. But she's grateful for the opportunities she gained in Project PROMISE.

When Christen was a senior in high school, she had ideas of becoming a physical therapist when she grew up. Luckily for her, Project PROMISE was formed and she became one of the first students to be a part of the program. She was able to shadow a physical therapist, among a variety of other healthcare professionals, and she learned one very important thing: That was not what she wanted to be when she grew up.

"It was not what I was expecting it to be," she says. "It definitely changed my perspective on a lot of things being able to see it from the provider's side."

Rivers Woodward, who helped start the program, arranged for her to shadow a number of different types of providers to get an idea of the various career paths she could take. What she found were professions she did not want to pursue, but narrowing down her career choices is by no means a bad thing. It meant she could continue looking for what else excited her without spending time chasing a dream that just wasn't for her.

Home Is Where the Heart Is - And It's Where Our Future Providers Plan To Stay

Abbey Bailey, currently finishing her senior year at UNC Charlotte, grew up in Burnsville and wants to end up back near her home. She's on a mission to become a Physician Assistant (PA), and the big city has not swayed her to stay. When a health advisor at school sent an email last year about a brand new internship through MAHEC for undergraduates looking for healthcare experience in WNC, Abbey jumped at the chance.

"It fit me perfectly," she says.

Because of the success of the Project PROMISE program of advancing students on the path of primary care, the WNC HEART (Healthcare Experience And Rural Training) Internship was created. The goal is to help reach students throughout WNC and move them into medical school, hopefully with residency and rural practice to follow.

"Hopefully, it will plant a seed in their mind that primary care is an option, and they have allies at MAHEC that will advocate for them if they want to go into medicine, especially rural medicine," says Amanda Greene.

WNC HEART (Healthcare Experience And Rural Training) is a 6-8 week summer internship in a rural practice near the student's hometown. It combines clinical shadowing with a community project. Summer 2017 was the inaugural kick-off for the program with four students.

1

intern from
Burke County

2

interns from
Buncombe County

1

intern from
Yancey County

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WNC HEART
[UNDERGRADUATE]

PROJECT PROMISE
[HIGH SCHOOL]

Project PROMISE (Providing Rural Opportunities in Medicine through Inspiring Service and Education) is a semester-long internship involving clinical shadowing and a group community project for high school juniors and seniors who receive school credit in Yancey, Mitchell, McDowell, and Marion counties. Students must complete two of four professional development courses to be eligible to participate in hands-on medical labs.

"Giving back to the community is one of the ways in which they are going to start to feel that 'rural identity.'"
- Rivers Woodward, MD

squeals and laughter to follow. Their hands were lighting up under the light, and not in a good way. Every place that glowed under the light was somewhere they had not properly washed. That's a visual that will come to mind every time they wash their hands.

Christen, now a sophomore at Western Carolina University, still has not made a decision about her career path, but she also has not given up the dream of medicine. One of the positions she never shadowed, or ruled out, was a medical examiner, and it's currently high on her list of possible options. And she's getting some help from an old friend - Rivers is searching for one that she can shadow and see if it fits with her ambitions. Even though he is no longer running the program, he still checks in from time to time and can't resist helping a rural student find their passion for a career in healthcare, just as he found his.



HOME GROWN EXPERIENCE: Abbey was able to experience firsthand what a career as a physician assistant will be like for her near her hometown, including taking vital signs while shadowing Emily, a PA.

Abbey spent her summer near home shadowing a PA at Celso Health Center and seeing what her future job will be like. She even did a community project researching a growing problem in rural areas, including Celso: the opioid epidemic. Having seen addiction in the ER in Charlotte while working as a scribe, it was a bit of a shock to Abbey to find so many cases so close to home.

"It was definitely eye-opening for when I'll be practicing on my own," she says.

Luckily for Yancey County, Abbey loved every minute of the internship and plans to be back permanently to practice after she goes through PA school.

THE ROAD TO RURAL HEALTH

OUR ACADEMIC HEALTH CENTER WILL HELP PAVE THE WAY

There are many potential roadblocks and pitfalls on the road to rural health. One of the biggest is the shortage of qualified health professionals. In our Western North Carolina region, all 16 counties are federally designated health professional shortage areas and that includes primary care, ob/gyn, surgery, mental health and many other health professions.

So what does pave the way to rural health?

MAHEC's faculty and staff reviewed hundreds of published research articles to develop a theoretical model that explains the factors that support the development, recruitment and retention of rural primary care physicians. What they discovered will be published in an upcoming journal of *Academic Medicine*.

It turns out, developing a rural professional identity is critical. As you might imagine, being raised in a rural environment is helpful. But

it is also important to be able to access quality healthcare education and training in these areas—before, during and after medical school.

These are the very kinds of opportunities MAHEC provides through the “pipeline” programs we've shared in this issue.

There are other factors that contribute to the health of our rural communities as well. Social determinants include poverty, environmental safety, food insecurity, and access to services.

The academic health center that will break ground this winter on MAHEC's Asheville campus will foster the collaborative innovation necessary to address these complex public health challenges.

UNC Health Sciences at MAHEC will be home to the new UNC Asheville/UNC Gillings Joint Program of Public Health that will help pave the way to rural health in our region and beyond.