The age-old image of Marcus Welby, MD, serving his small community as a trusted physician, neighbor and confidant is still alive and well in Western North Carolina. With full-scope family medicine held dear for the legions of rural and small town family physicians, it is exactly the type of physician that the Mountain Area Health Education Center (MAHEC) Family Medicine Residency program at Hendersonville aims to produce.

“The reason why we started this program was to increase the supply of family physicians to small towns like Hendersonville,” commented Dr. Steve Crane, Assistant Division Director of MAHEC and one of the program’s founders, as he related a story on the creation of the program in the early 1990s. Dr. Crane described an era with a limited number of physicians taking Medicaid/Medicare patients or caring for the uninsured. Attracting new physicians to Henderson County was also very difficult.

“The thought was that if we were closer to the end of the pipeline, we’d be more successful in keeping the end product in the community.” Hendersonville FMR was formally established in 1994 and has since produced a total of 33 family physicians. Sponsored by Pardee Hospital, the program is one of only 24 rural track family medicine residencies in the country. It accepts three residents per year, and according to Dr. Crane, over half of the program’s graduates have started their practices in Henderson County.

“Even more impressive, though, is that we recently looked at where all of our residents are now. We found that 82% are practicing in either a HPSA (health professional shortage areas) or HMSA (Health Manpower Shortage Area),” he noted.

The program’s main outpatient facility is located at the Pardee Hendersonville Family Health Center, Henderson County’s largest family practice group. Residents and faculty manage care for about 10K patients and conduct approximately 20K patient visits per year. For inpatient training, residents split time between Pardee Hospital where they are unopposed, and also at Mission Hospital in Asheville, the region’s largest tertiary care center.

**Community-Centric at its Core**

Hendersonville’s primary goal is to produce well-trained, personal family physicians that are community-oriented. To complement its full-scope curriculum and its unique approach to rural continuity training, the program also works to develop residents’ skills in community and population health management. Several community and regional health initiatives are based at the program and two faculty members hold leadership positions in key initiatives. This differentiates Hendersonville from other rural track residencies, creates unique learning opportunities, and helps introduce why community health leadership is important for rural providers. It also helps create stronger physicians.

“Our program’s embrace of innovation and community collaboration has led to the successful recruitment of outstanding residents, who are highly sought after upon graduating for their clinical and leadership skills, as well as their ability to create the patient-centered medical home in their new practices,” noted Residency Program Director Geoffrey Jones, MD. Program faculty Dr. Richard Hudspeth serves as the full-time Medical Director of the Community Care of Western North Carolina (CCWNC), and Dr. Diane Curan is full-time Medical Director of the Henderson County Health Department.

“Our residents benefit from our faculty’s knowledge and involvement in community health, but they also get to some unique educational experiences, too,” added Dr. Crane. “We not only want to produce highly competent family physicians, but also to produce well-trained personal physicians. We try to take the physician-patient relationship to a whole different level.”

**Enhanced Rural Continuity Through P4**

In 2007, Hendersonville was selected to participate in TransformMed’s P4 initiative (Preparing the Personal Physician for Practice). P4 is a 6-year project that grew out of the needs identified by the Future of Family Medicine Project (FOFM). The program is designed to test and compare different approaches in adapting the content, structure, and length of family medicine residency education. FOFM highlighted the desire of patients to have a personal physician who could cross the spectrum of care and be an integral partner in their health.
Advocacy

 counties covered under the 646 waiver caring for Medicare patients within CCNC medical homes, and seven counties covering private pay BCBS patients and the State Employees Health Plan as well.

 Your advocacy team continues to monitor and prepare for some expected scope-of-practice issues. We anticipate a continued push in this year's session for expanding the immunizing authority of pharmacists, but remain prepared to meet that challenge by emphasizing our concerns about fragmented care, vaccine safety, etc. Similarly, we also continue to monitor a possible effort for the independent licensure for nurse practitioners using the argument of improved healthcare access for underserved areas.

 Your advocacy team is also monitoring several other issues, including consolidation of the Offices of Rural Health and Community Care, possible changes to local Health Departments under Sen. Bill 433, the status of the state-based Health Insurance/Benefits Exchange, preserving Master Settlement Funds to support the QuitLine and other tobacco prevention efforts, and several other issues.

 Last session, the Offices of Rural Health and Community Care were consolidated under the intent of budgetary savings. Unfortunately, the effect of this consolidation may be that the approval process for provider loan repayment contracts may now become significantly delayed. The NCAFP understands the difficulty of recruiting providers for underserved areas and worries that any additional burdens on this process could result in the loss of viable candidates for these areas.

 Senate Bill 433 as currently worded would allow increased County Commissioner control over local health departments, including having local health directors not be required to have any public health or medical experience. The proposal would also allow consolidation of local health departments into a single county entity with other agencies, such as social services, mental health LMEs (local management entities).

 During this year's short session, we anticipate that legislation will move quickly, with most bills debated and acted upon over a period of just several weeks. Your legislative team has prepared for this and asks that the membership be prepared to contact their respective Senator/ Representative if called upon. We will try to give you as much advance notice as possible, but please remember that the pace of the short session may require quick action in order to influence the given piece of legislation.

 Be prepared to participate in the legislative process and we ask you to contribute NOW to our political action committee — FAMPAC.

Mid-Summer

 The NCAFP is ‘Going Green’ this year for the Mid-Summer meeting. This environmentally-friendly initiative will save on natural resources and a significant amount in printing costs. By GOING GREEN this Summer, attendees will NOT receive a complimentary printed general session syllabus. Instead, each registered attendee will receive a CD Rom of the program syllabus & conference materials. A printed copy of general session lectures and conference materials may be purchased in advance for $10. There will be a limited number of paper syllabi on site for purchase. In addition, Registered participants will also receive an email with a web link approximately one week prior to the conference. The email will include a username and a password that will enable you to download, save and/or print your preferred program materials and course handouts. Attendees are encouraged to bring laptops, tablets or other mobile devices to the lecture hall and seminars. There will be limited power stations available and wireless internet access may be purchased directly from the Embassy Suites. We appreciate your support as we Go Green. Please note that the NCAFP will provide complimentary printed workbooks for the SAMI Study Working Groups and the Optional Seminars on Thursday and Friday.

Hendersonville

 However, it became apparent that a training gap existed within the specialty's residencies. It was critical that future family physicians be trained to develop and utilize these approaches.

 Hendersonville wanted to enhance its residents' continuity experiences and have them train in environments that would better resemble real-world rural practice. For its P4 project, the program utilized its existing practice affiliates to establish three rural training sites in several small communities in Henderson County – towns that contained either one or no stop lights. Each site embraces progressive patient-centered care and provides a unique rural experience.

 Hendersonville is currently in the last year of P4. The project has significantly impacted the program and has led it to try some rather dramatic practice flow changes, including changing its approach to the front desk and waiting room, forming care teams, and essentially adapting several portions of the patient experience. In 2010, the program created a new P4 training site in Flatrock, NC. In doing so, it took all of the best practices it had learned about practice redesign to create an extremely low-overhead environment. Flatrock has no waiting room or front desk, operates with only one medical assistant and one provider, yet also offers most of the conveniences of a modern suburban practice. Flatrock patients schedule their own appointments online, complete their profiles electronically and have access to such things as e-visits, group visits and even telemedicine. This site is a great example of a small rural location providing Hendersonville residents with full-scope training. And similar to Hendersonville's main outpatient clinic, Flatrock also houses to some unique community health programs.

 A Bright Future

 The future looks bright for Hendersonville. The program is currently looking to expand it collaborative relationships, enhance its training curriculum, and continue to impact Henderson County and the region with its community health leadership. The program also recently attained Level 3 PCMH recognition by NCQA and has even begun exploring some unique working relationships with Blue Ridge Community Health Center.