Doctor’s Day Is March 30
If you have cancer... you can also have a second opinion from a medical oncologist, a radiation oncologist, a surgeon, a pathologist, a radiologist, a research nurse, a nurse educator, a nutritionist, a genetic counselor, a social worker and a wellness specialist.

Our experts come together, at one time, for you.

If you, or someone you love, are ever diagnosed with cancer, it’s important to know that you don’t have to face it alone. **THE SECOND OPINION CANCER CLINICS** at Presbyterian Hospital include a comprehensive team of cancer specialists that comes together to first discuss your case, and then meet with you one-on-one to develop the best possible treatment plan for your cancer, including the latest clinical trials. This team recommendation will offer you the insight and the peace of mind you need to make the decision that’s right for you. When it comes to cancer, never settle for a single opinion.

**FOR A SECOND OPINION, call 704.384.5373 or e-mail cancerclinics@novanthealth.org**
BLAKEY PROFESSIONAL CENTER
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• NorthCross Business Campus
• Statesville Rd & Sam Furr Rd
Ken Chapman at 704-561-5238 or kchapman@merrifieldpatrick.com

SOUTH CHARLOTTE
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• Building Signage Available
Mark Newell at 704-561-5243 or mnewell@merrifieldpatrick.com

JETTON MEDICAL
• Cornelius, NC
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For additional available properties, including SouthEnd Medical Plaza, The Arbors and Whitehall Professional Center, please visit our website at www.merrifieldpatrick.com
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STEELECFORTH - Rivergate Area
• Southwest Charlotte
• Hwy 49 near Hwy 160 intersection
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12 times. For the twelfth time, a survey of people who live in the Charlotte area named Carolinas Medical Center the preferred hospital in the region.

By bringing together people, technology and compassion, we’re forming lifelong relationships through convenient, seamlessly coordinated healthcare. This honor by the National Research Corporation demonstrates the trust and respect earned by the thousands of physicians, clinical staff and other professionals who deliver the finest healthcare available to you and your family.

As a premier medical center, we value the trust you place in us. It helps us provide you with unrivaled convenience and care, no matter where you live, work or play in our region.

Carolinas Medical Center

Uncompromising Excellence. Commitment to Care.
Features

9 2010-2011 Strategic Plan for the Mecklenburg County Medical Society
Members are invited to comment on the plan and to volunteer.

11 Members and Chairs of the 2010 MCMS Committees
Thank you to members and community volunteers who will help the Medical Society accomplish its ambitious strategic plan for 2010 and 2011.

14 Sheltering Families in Medical Crisis for 25 Years
Founded by the Mecklenburg Medical Alliance and Endowment, Hospitality House of Charlotte celebrates its record of achievement.

15 Adult Day Care: What It Gives to Patients Who Can’t Stay Home Alone
A nonprofit adult day care center is available in Charlotte’s SouthPark area.

In Every Issue

7 President’s Page: Will You Help Me, Please?
8 Alliance Update: Hands-on Health Projects Dominate Alliance Focus
9 Upcoming Meetings & Events

On the Cover: The first Doctors’ Day observance was March 30, 1933, in Barrow County, GA. The idea of Eudora Almond of the Barrow County Auxiliary and wife of Dr. Charles Almond, Doctors’ Day coincided with the anniversary of the first administration of anesthesia by Dr. Crawford Long in Barrow County on March 30, 1842. In 1990, President George Bush signed the bill designating March 30 as National Doctors’ Day. Thank you, doctors!
ProAssurance understands your desire for more control, less uncertainty, and preservation of your hard-earned professional identity.

It’s about fair treatment. You want reasonable rates with stable premiums, prompt service, easy access to valuable risk reduction information, and of course, unfettered defense of your good medicine.

The qualities you value most in a protection partner are easily within reach.

**Just take a look.**
Forty-five years old, a hard worker, downsized from his job and lost his insurance; however, it doesn’t cover his pre-existing problem—the only problem he has.

This unfortunate, but all-too-real and frequently heard story, describes the true story of my brother and countless other Americans who struggle with the health care system in our country. Recently, I had the privilege of participating on a health care panel hosted by WFAE. The show was entitled “Deciphering Health Care: How to Make the System Work for You.” The discussion was held at the Matthews Community Center, and despite the extreme cold and rain, people still came. They shared story after story about themselves or family members losing their insurance because of prohibitive premiums or because they were denied due to pre-existing conditions.

I love being a family doctor, and, although I have moved into an administrative role, I still see patients. Caring for patients helps to restore my soul. On Thursdays, I work in a free clinic. The patients are asked to give a $10 donation, but if they cannot, it’s no problem. We still care for them. Many patients, although poor, want to pay a small fee. It helps their dignity, because most don’t want a handout and would rather pay their way.

Week after week, as I care for these poor, uninsured patients, their eyes seem to say to me, “Will you help me, please?” So many are people who have worked most of their lives, and they cry as they share the pain of feeling uncared for and, in many ways, feel forgotten.

Recently, I heard journalist, T. R. Reid, with The Washington Post, discuss his travels around the world in an attempt to understand global health care. Many of you may be familiar with his book “The Healing of America: A Global Quest for Better, Cheaper and Fairer Health Care.” He relates that he set out to answer a question that is fairly important to Americans, namely, “How come all the advanced, industrialized, free market democracies, countries just like us, manage to provide high-quality health care for everybody and still spend half as much as we do. How do they do that?” During his travels, he raised more questions: “Why do they (other countries) do it? Why doesn’t the world’s richest country provide health care for all its people? Why has America not made this commitment?”

He came up with four models in an attempt to describe various health care systems:
1. Great Britain’s William Beveridge model
2. Europe’s Bismarck model
3. Canada’s National Health Care Insurance model
4. The Out of Pocket model
Where other countries have adopted one model, Reid found the United States has adopted all of them. If you are a Native American, or a veteran, or active-duty military, you’re on Britain’s model. Those over 65 years of age are on the Canadian model. Working people who get health care through their employers are on Europe’s Bismarck model. And, if you are poor and uninsured, you fall into the Out of Pocket model.

There is so much more that could be said, but what struck me the most was Reid’s ultimate revelation. Is it fair, ethical, just or humane to live in a country where some have health care and others do not? “Health care,” he says, “reflects a country’s moral value.” Yes, there are medical, economic and political questions, but, fundamentally, it is a moral question. Do you feel that a rich society has an obligation to provide health care for all of its citizens? Reid concluded that countries that make such a moral commitment, design a system that covers all.

We live in a country that believes all are entitled to public education. We also believe many services, such as fire and police, should be shared by all. Why not health care? I am going to hold onto the belief that, as physicians, we do want health care for all, and would invite you to become engaged in the creation of such a health care system. We live in one of those critical times in history where we have the potential to impact changes in health care reform that will affect Americans for generations to come. We cannot do it by sitting on the sidelines in frustration watching the game be played. We must passionately get in the game and share our knowledge and our strategy. I believe our government is ready to listen, so please let us come together and speak. Dr. Martin Luther King once said, “Of all forms of inequality, injustice in health care is the most shocking and inhumane.”
Alliance Update

Hands-On Health Projects Dominate Alliance Focus
By Debi Faubion Attorri, Co-President, MMAE

An interesting thing happened when the economy went down: Membership in the Medical Alliance went up . . . and so did interest in our health programs.

Lucky Hearts, our AED partnership with MEDIC, continues to put defibrillators in the community and train Mecklenburg residents to save lives. The Alliance has donated 14 AEDs to Charlotte-Mecklenburg Schools, assuring high schools are outfitted with at least one AED on the main campus and another in the athletics area.

Also, because of our donation, CMS has established a protocol and procedures for each school to ensure the AEDs are used effectively.

I recently joined the students at Harding University High School for their AED instruction, and I was struck by how enthusiastic the students were about receiving CPR and AED training. They told me they are hopeful that someday they will be able to save a life.

CMS Superintendent Dr. Peter Gorman praises the program saying, “Knowing our students and citizens have the best chance possible to survive the onset of sudden cardiac arrest is a comforting thought.”

MEDIC spokesperson Jeff Keith adds, “If a cardiac arrest patient is lucky, they have their episode in a location close to an AED and a bystander who is willing to administer lifesaving measures until paramedics arrive. People shouldn’t have to depend on luck. Putting AEDs in heavily used locations will have a lifesaving impact on this community. Our schools are a terrific place to start.”

MMAE’s two-year participation in the Lucky Hearts Campaign includes hands-on training for our members. According to our AED chair, Joni MacDonald, Alliance members will participate in a joint training session on the use of an AED with the volunteers and staff at Hospitality House.

Along with working to make Mecklenburg County residents healthier, MMAE is focused on the health of its members. One group is involved in a statewide exercise challenge, GET FIT NC. Since the beginning of October, members have walked a total of 3,345 miles.

This year, MMAE members also are looking for healthier ways to feed their families. Our “Top Chef” event gave members a chance to cook with Charlotte Chef, Craig Barbour, and learn about new, tasty, healthy food, like celeriac and soba noodles.

Membership Vice President Debbie Taylor attributes the renewed interest this year to a number of new efforts. “The Prognewsis, our newsletter, invitations and notices have gone digital, allowing faster and better communication,” she says. “We’ve improved our Web site and launched a Member’s Only area. The added benefit is that this increased contact is increasing membership.”

Some members tell me they value their MMAE membership because it’s supportive of their physician spouse, but they also say it empowers and motivates them to take control of their own health. Increased participation in member programs and the Lucky Hearts campaign make county residents, our members, and our organization healthier, which after all, is the mission of the Mecklenburg Medical Alliance and Endowment.
The Mecklenburg County Medical Society Board of Directors adopted the 2010-2011 Strategic Plan at their Board meeting on Jan. 25. Input to the plan came from participants at the Board retreat in November, a membership survey and from committees. If you have any questions or comments, contact Ophelia E. Garmon-Brown, MD, MDiv, President, or Carolyn J. Scruggs, Executive Director.

Mecklenburg County Medical Society Vision Statement
To be the acknowledged leader of the medical profession in this community.

Mecklenburg County Medical Society Mission Statement
To unite, serve and represent our members as advocates for our patients, for the health of the community and for the profession of medicine.

Section 1: Patient Advocacy
Goal:
To be the voice of the medical profession in Mecklenburg County to political representatives and governmental regulatory agencies.

Objectives:
• Identify the 2010 Physician Political Agenda to address patients’ health care concerns in the political arena, e.g., health care reform, childhood obesity, etc.
• Initiate “Operation Meet Your Legislator” to encourage members to express their views on behalf of patients to incumbent legislators and candidates for office.

Activities:
• Develop a process to represent members’ viewpoints.
• Conduct and publish a survey in 2010 of candidates seeking the office of County Commissioner and a State Representative or State Senator representing Mecklenburg County.

Strengthen the following 2009 programs:
• Communication with legislators representing Mecklenburg County.
• Mecklenburg County Medical Society Political Action Committee.
• Delegation participation in the N.C. Medical Society Annual House of Delegates.

Section 2: Community Health Advocacy
Goal:
To mobilize physicians to seek solutions to targeted community health concerns.

Objectives:
• Support the network of Mecklenburg County agencies to improve access to health care for the uninsured.
• Develop a close working relationship with the Mecklenburg County Commissioners (Board of Health).
• Promote medical ethics education in conjunction with the Bioethics Resource Network and the MCMS Professor in Health Care Ethics at UNC-Charlotte.

Activities:
• Be responsible for the recruitment and retention of physician volunteers in the Physicians Reach Out Program.
• Publish the Health Department’s Monthly Communicable Disease Report on the Web site.

Strengthen the following 2009 programs:
• Process to review requests for school transfers for medical reasons for Charlotte-Mecklenburg Schools.
• Developmental and Behavioral Services Resource Guide.

Section 3: Physician Advocacy
Goal:
To develop meaningful benefits for members and their medical practices that will result in physicians and physician assistants joining the MCMS.

Objective:
• To offer member services through sections to enhance the value of membership: Physicians in Active Practice Section, Physician Assistant Section, Resident Section, Senior Physicians Section, Young Physicians Section and Women Physicians Section.

Activities:
• Develop an information packet for members who are considering retiring from medical practice.
• Determine specific services to assist MCMS members with medical practice issues.
• Convene Leadership Programs for members in partnership with the Queens University McColl School of Business.
• Create an organized membership section for physicians in active practice, physician assistants, residents and young physicians.
Strengthen the following 2009 programs:
- Revision of the Joint Statement of Attorney and Physician Relationships and the handling of related complaints.
- Liaison with the N.C. Physicians Health Program.
  - Senior Physicians Section.
  - Women Physicians Section.
  - Annual one-day seminar for medical practice staff.

Section 4: County Medical Society Structure and Resources

Goal:
To create the best county medical society in the country.

Objectives:
- Organize the 2010 Membership Campaign to increase membership of physicians and physician assistants in the MCMS.
- Publicly recognize members’ commitment to community health through their membership in the Medical Society.
- Secure funding for the 2010 Strategic Plan by initiating the MCMS Circle of Friends partnership program.
- Involve MCMS members in every leadership aspect of the 2010 Strategic Plan.

Activities:
- Identify MCMS members to be the 2010 Membership Campaign spokespersons in area hospitals, professional organizations, etc.
  - Develop a process to survey members more frequently and report survey results to members.
  - Develop a process to engage new members in the MCMS in their crucial first year of membership.

Strengthen the following 2009 programs:
- Web site.
- Mecklenburg Medicine magazine.
- Member Directories.
- Annual Event for media representatives.
- Media Panels.
- “Ask the Doctor” column.
- Community Intern Program.
- WCNC television program.
- Board and staff education.

New Medical Office Space

Next to Presbyterian Hospital Huntersville

The Park Medical – Huntersville’s Premier MOB

- New Class “A” MOB on the footsteps of the hospital
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- Other practices at The Park Medical include Carolina Neurosurgery and Spine Associates and Lake Norman Urology.

For information, please contact:
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or reed@brackettcompany.com

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2010 Committees of the Mecklenburg County Medical Society

(MCMS members interested in participating on a committee should contact Ophelia E. Garmon-Brown, MD, MDiv, President, or Executive Director Carolyn J. Scruggs)

<table>
<thead>
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Arl Van Moore, Jr., MD
Wesley B. Robinson, MD
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Becky L. Ayers
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Mike Caudle
Shirley Cress Dudley
Denise Logan
Marimarth Matthews
Gwen McLachlan
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Sheltering Families in Medical Crisis for 25 Years
By Susan Ross, Director of Development, Hospitality House of Charlotte

The call comes in the middle of the night. There has been a horrific accident, and your relative has been air-lifted to a hospital out of town. Families gather what they can, jump in the car and rush to the loved one’s bedside. They arrive at the hospital to learn “it might be a while.” Hotels are expensive and not within the budget, especially with pending medical bills. There are no relatives or friends to stay with. Where do family members stay? The answer that is safe, affordable and close to the hospitals in Charlotte is Hospitality House.

Hospitality House of Charlotte was created because the original Mecklenburg Medical Auxiliary and Endowment had a vision: to provide, at no cost, overnight shelter for out-of-town families with a loved one in medical crisis. All guests are referred by patient advocates, nurses, physicians or chaplains at the hospital. Without Hospitality House, these families might otherwise be sleeping in waiting rooms, bathing in hospital restrooms, and eating meals out of hospital vending machines. Since 1985, more than 35,000 guests from 49 states and more than 30 countries have found refuge, a supportive shoulder, and a home-away-from-home at Hospitality House . . . and at no cost to the guest — saving hundreds, even thousands of dollars.

In 1982, the Mecklenburg Medical Auxiliary took a survey to learn of the health care needs of the community and found that families living outside Mecklenburg County needed a place to stay for extended periods. Because Charlotte Memorial Hospital (now Carolinas Medical Center) was pioneering heart and kidney transplants, people were staying in the hospital for many weeks after a transplant. Families of these patients were forced to pay for accommodations.

The initials of the Mecklenburg Medical Auxiliary and Endowment formed a word — MMAE — (to be pronounced May.) The next step was how to describe it. A house? A home? An Inn? Inn sounded warm and friendly, and MMAE’s Inn was born. In December 1984, a wonderful house was found on Scott Avenue. The community pitched in, donating items, services and countless hours of volunteer work. In four months, MMAE’s Inn was opened.

The Medical Auxiliary’s Endowment Board oversaw the running of MMAE’s Inn for 14 months, until the inn was ready to take its first step toward independence. In June 1986, Articles of Incorporation were drawn up and a community-wide Board of Directors was appointed. By March 1987, it achieved nonprofit status. In July 1987, the first executive director, Nancy Underwood, was hired.

When Saint John’s Baptist Church was planning its new fellowship hall, they wanted it to be used more than just on Sundays and Wednesday evenings. They wanted to create a building that could be utilized for church functions and for the benefit of the greater community. They contacted MMAE’s Inn and a collaborative effort began. After three years of planning, in 1992 MMAE Inc. added a second location in this wonderful space. This expansion added 2,550 feet of space, 15 additional beds, and doubled the number of guests that could be sheltered overnight.

In 1998, the MMAE’s Inn was officially changed to Hospitality House of Charlotte (HHoC) to better reflect its affiliation with the National Association of Hospital Hospitality Houses (NAHHH) and the hospitable service and accommodations provided to guests.

As the Charlotte area’s medical community and hospitals grew, the needs of Hospitality House of Charlotte also grew. By 2005, plans to build a new, larger facility were under way. The time came to consolidate the two houses and offices under one roof to streamline operations and expenses, and to support more guests. In March 2008, the new house opened with 22 rooms that can accommodate up to 50 guests every night. The house currently is full every night, and there is a waiting list every day. The demand is high, and with the economic climate, donations are down.

Celebrating A Milestone
On Wednesday, Jan.13, Hospitality House of Charlotte honored some of the founding members of MMAE’s Inn with a special Thank You Tea. Members of the current Mecklenburg Medical Alliance and Endowment were on hand to present a new AED to Hospitality House through the Lucky Hearts Campaign to show their continued support of our mission.

“Our spouses are taking great care of patients in both the CMC and Novant hospital systems. It was great to meet those who had the vision to establish MMAE’s Inn as a safe, caring environment to take care of their families. Through their capital campaign over the past several years, MMAE has continued their support of Hospitality House by donating $20,000 to pay for a meeting room in their new home,” says Debi Fabion Attorri, Co-President of the Mecklenburg Medical Alliance and Endowment.

Hospitality House of Charlotte will celebrate its 25th anniversary with a Full House Casino Night fund-raiser at Byron’s South End on Friday, April 16. Attendees will enjoy an evening of gaming, food, friends and refreshments. To join the festivities, contact Susan Ross, at 704-376-0060, ext.2, or visit www.HHoCharlotte.org.

Hospitality House does not stand alone. The support of the community ensures patients and their families heal together.
I knew Dad had been watching Mom’s behavior closely for more than a year. Mom had gotten disoriented while driving only two blocks from their Wilmington home. She sometimes woke up not knowing where she was, and she drank heavily at a party, which she had never done before.

But when I took time off from my career as a Bank of America executive in Charlotte to help care for Mom, I was shocked to find how much Dad had deteriorated under the stress. His face was broken out with an untreated rash. He had given up morning coffee with his buddies. He had stopped paying bills on time. He clearly needed help as much as Mom did.

I spent hours researching agencies and services that could offer support. That’s when I discovered adult day care. It can be a lifeline to your patients with Parkinson’s, Alzheimer’s and other ailments that make it impossible for them to stay home alone.

Adult day care can be just as much of a lifeline for their caregivers. I was so impressed with the concept that I left the bank to open The Ivey, a not-for-profit adult day care center in the SouthPark area. I had seen what a difference adult day care made in my parents’ lives.

Adult day care, or day health services, can offer a place for adults in need to receive social stimulation, engaging activities, meals, health care services and personal care each day. These centers allow caregivers to return to work and resume earning an income. Caregivers also have time to see friends and family, take care of errands and have lives of their own. Some centers offer caregiver support groups. Services vary depending on the center.

At The Ivey, we designed and built a beautiful lodge-style facility and developed a daytime program with a wide array of activities, and a theater for classic movies. Our Johnson and Wales-trained chef prepares lunches and snacks, and a registered nurse works on site each day. Participants can receive baths, hair styling, health screenings and other services in a spa-like setting.

Adults come to The Ivey from one to five days each week. The cost is $60 per day, slightly under the national average for adult day care centers.

Adult day care can bring health benefits to caregivers, a predominantly female group with an average age of 48. More caregivers describe their health as “fair or poor” more than the general adult population, according to the 2009 Caregiving in the U.S. report from the National Alliance for Caregiving and AARP. The longer a caregiver has provided care, the more likely she or he is to report fair or poor health.

When a loved one is diagnosed with dementia or another chronic illness associated with aging, many families first think of an aide at home as a cure-all. Home health aides provide a valuable service, but they don’t duplicate adult day care and their fees are far higher. Adult day care offers socialization and activities not possible at home. The average rate for U.S. adult day care is $69 per day, according to the 2009 MetLife Market Survey, compared to an average rate of $21 per hour, or $168 per day, for home health aides.

In my family, we found a combination of home health care and adult day care worked best. A home health aide helped Mom get ready for the day and took her to her adult day care center. Dad was able to rest and spend time with friends. When they reunited, he was eager to see her and had more energy for caregiving.

After Mom passed on, I opened The Ivey as a tribute to her and in her memory.
Member News

In Memoriam

Remembering Robert B. Salmon, MD
By Larry A. Rogers, MD

An icon of Charlotte medicine died Dec. 21, 2009 — a role model to many and benefactor to countless others. Bob Salmon, the community’s first neuroradiologist, taught a generation of doctors to seek and depend on truth. Quiet and unassuming, he was known to relatively few patients, yet thousands depended on his work.

When he came to the city in the late 1960s, the first wave of radiologists specializing in brain and spinal cord pathologies worked only in major university medical centers. Recognizing the needs of his neurological and neurosurgical colleagues, Dr. Salmon set out to teach himself the art. It was an era when the diagnosis of brain tumors and neurovascular lesions depended on the recognition of tiny shifts of delicate blood vessels on X-ray, or subtle changes of size or shape. Modern imaging studies — CT, MRI, SPECT, MRA, PET — were either still on the drawing board or yet to be conceived. Dr. Salmon became an expert on the arteries and veins of the central nervous system. He learned every aspect of neuroanatomy and their radiological correlates after his workdays were complete, studying obscure, cutting-edge journal articles and other early publications, and later books when they came out. Throughout the 1970s, his knowledge of the radiology of brains and spinal cords made him invaluable in the care of countless desperate patients.

His base was Charlotte Memorial Hospital, but almost daily, neurosurgeons lugged stacks of X-rays from Presbyterian and Mercy for his analysis. Typically, they came on the sly, often in the dead of night, even to the backdoor of his home. Dr. Salmon spotted things others could not. He was summoned to Charlotte Memorial’s operating rooms, too. He gave of his knowledge freely and humbly, and surgical findings confirmed a truly amazing accuracy.

MCMS New Members

Robert C. Chadderdon, MD
Orthopaedic Surgery; Hand Surgery
OrthoCarolina
1915 Randolph Road
Charlotte, NC  28207
704-323-2000
Dartmouth Medical School  2002

Raymond G. Gaston, MD
Krissa Gaston
*Orthopaedic Surgery; Hand Surgery
OrthoCarolina
1915 Randolph Road
Charlotte, NC  28207
704-323-2000
Univ. Tenn. Health Science Center  2001

Eric B. Laxer, MD
Judy Laxer, DDS
*Orthopaedic Surgery
OrthoCarolina
2001 Randolph Road
Charlotte, NC  28207
704-323-2225
McGill Univ.  1988

Daniel R. Lewis, MD
Kimberly Lewis
Orthopaedic Surgery; Hand Surgery
OrthoCarolina
1915 Randolph Road
Charlotte, NC  28207
704-323-2000
Univ. Toledo College of Medicine  2003

Ngoc-Diep T. Nguyen
Stuart T. Jarrell, MD
*Pediatrics
Charlotte Pediatric Clinic
13640 Steelecroft Parkway #210
Charlotte, NC  28278
704-512-6100
George Washington Univ.  2002

Kenneth G. Reardon, PA-C
OrthoCarolina
2001 Randolph Road
Charlotte, NC  28207
704-323-2225
Long Island Univ.  1995

Leo R. Spector, MD
Rachel Spector
*Orthopaedic Surgery
OrthoCarolina
1915 Randolph Road
Charlotte, NC  28207
704-323-2225
Univ. of Massachusetts  2001

Mark D. Suprock, MD
Sherry Suprock
*Orthopaedics; Family Medicine
OrthoCarolina
10030 Gilead Road
Huntersville, NC  28078
704-323-2800
Hahnemann Univ. School of Medicine  1981

Jason A. Wilson, MD
Lisa Wilson
*Internal Medicine; *Gastroenterology
Charlotte Gastroenterology & Hepatology
2015 Randolph Road #208
Charlotte, NC  28207
704-377-4009
Univ. Cincinnati College of Medicine  2003

Jeffrey S. Zaidman, MD
Amanda Zaidman
*Internal Medicine; *Gastroenterology
Charlotte Gastroenterology & Hepatology
2015 Randolph Road #208
Charlotte, NC  28207
704-377-4009
Univ. Virginia School of Medicine  2003
In the early days, before residency- and fellowship-trained neuroradiologists began trickling into town, Dr. Salmon was never heard to say, “I think,” or “My opinion is.” He simply stated, “The diagnosis is . . .” or “At surgery you will find . . .” By the late 1970s, the new breed of neuroradiologists recognized his genius like everybody else. After interpreting a diagnostic study, typically they were quick to add, “What did Dr. Salmon think about this?” If his opinion hadn’t already been sought, they knew it soon would be. They learned to take him their own problems and uncertainties.

Somehow, Dr. Salmon and his partners convinced Charlotte Memorial, in an era of tight budgets, to be Charlotte’s first to purchase a CT scanner in 1976, then an MRI scanner a few years later. He embraced the intricacies of each device immediately, along with every other technological advance to come along. It was a pride thing, a means of being right.

On the golf course, or over lunch, he could be fun, even relaxed, but with a scan or an arteriogram before him, he never was. It was too important. That point came across quickly and consistently. Right was right, and wrong was wrong. There was no in-between. He lived that way, and he inspired others to do the same. It will be his lasting legacy.

Member News & Notes

**Medical & Society Television Program**

Jessica Schorr Saxe, MD, and Anne Walker, MD, were interviewed on the latest “Medical & Society” program on cable channel 22 entitled “Partnersing to End Childhood Obesity: Physicians, Families, and Community.” The program series is co-sponsored by the MCMS, the Bioethics Resource Network and the UNC-Charlotte Center for Professional and Applied Ethics. Rosemarie Tong, PhD, the MCMS Distinguished Professor of Health Care Ethics and director of the center, conducted the interview. New programs are taped each spring and fall.

**Members on HealthWise**

MCMS members participating on WTVI Charlotte’s “HealthWise” program in February and March are Andrew Antoszyk, MD, on Feb. 21; Virginia Casey, MD, and Michael Wattenbarger, MD, on Feb. 28; and Donald Stewart, MD, on March 28 and April 3. HealthWise is hosted by Joey Popp and broadcast at 6 p.m. on Sundays and 9 a.m. on Saturdays. You can view the podcast at www.wtvi.org.

**Child Health Committee’s Revised Publication**

Do you ever wonder where to refer a child with a developmental or behavioral problem? One in four or five children has such a problem. If you are in pediatrics or family medicine, you have undoubtedly had such a question. You’ll be happy to hear that an updated version of the Developmental and Behavioral Services Resource Guide is now available on the Web at www.meckmed.org. First developed by the Child Health Committee in 2004 in response to expressions of need for such a resource, the guide was updated once before in 2007. Jessica Schorr Saxe, MD, committee chair, says, “Many MCMS members have found the guide to be a useful resource. We hope that you do, too.”

**OrthoCarolina Opens New Matthews Office**

OrthoCarolina opened its new Matthews office on Jan. 18, at 710 Park Center Drive in the Matthews Parkway Corporate Center. The new location is staffed by a team of eight orthopedic surgeons and will continue to provide Matthews-area patients convenient, local access to high quality orthopedic care. The office also will offer physical therapy and MRI services.

“We’ve done everything we can to make a visit to our new office a low-stress experience while still providing quality care close to the homes of our Matthews patients,” says David N. DuPuy, MD, a general orthopedist in the Matthews office. “The new office features easy-to-follow signage, ample parking and larger, more comfortable patient lobby and exam areas.” The 21,000-square-foot facility occupies the second and third floors of the three-story Medical Plaza I building. This office replaces the Matthews facility at 1450 Matthews Township Parkway. The phone number remains the same at 704-323-3200.

Similar changes are under way at a number of OrthoCarolina offices elsewhere in the Charlotte region and are expected to be completed by the spring.

**New AAFP Officers for 2010**

Rachel Banks, MD, was elected President of the Mecklenburg County Chapter of the American Association of Family Physicians at their quarterly meeting held in December at Sullivan’s Steakhouse. The remaining officers for 2010 will be Jessica N. Kaiser, MD, Secretary/Treasurer; Michael Dulin, MD, Post-Graduate Symposium Chair for 2010; and M. Faison Knox, MD, Post-Graduate Chair for 2011.

**Charlotte Pediatric Society Elects New Officers**

The Charlotte Pediatric Society has elected new officers for 2010 as follows: Rhonda P. Patt, MD, President; Catherine S. Ohmstede, MD, Vice President; Theresa K. Sunderland, MD, Secretary/Treasurer; Margaret P. Siegel, MD, Social Chair; Jay B. Levy, MD, and Ngoc-Diep T. Nguyen, MD, Members At Large; Zachary R. Schneider, MD, Resident Member at Large; and David G. Rupar, MD, Immediate Past President.
MCMS Board Highlights of Jan. 25 Meeting

• Ophelia E. Garmon-Brown, MD, MDiv, President, called the meeting to order. She welcomed members of the 2010 Board and Committee Chairs.
  • Elizabeth F. Rostan, MD, Secretary, presented 31 applicants for Active Membership, one for Affiliate Membership and four for re-instatement. The Board approved the 36 applications.
  • Sam R. Fulp, MD, Treasurer, reviewed highlights of the financial statement for the month of December and noted the Finance Committee will meet soon.
  • William K. Poston, Jr., MD, Immediate Past President, reviewed a Power Point presentation on the 2010-2011 Strategic Plan. The Board unanimously approved the plan as presented.
  • Carolyn J. Scruggs, Executive Director, reviewed the 2010 Policy Manual.

• Dr. Garmon-Brown reviewed a proposal from Rosemarie Tong, PhD, the MCMS Professor of Health Care Ethics at UNC-Charlotte. Dr. Tong proposed asking Robert Veatch, PhD, to speak at the next Medicine and Society Dinner to be scheduled in September or October, depending on Dr. Veatch’s schedule. The Board approved the proposal.
  • The Board meeting concluded with reports from all committee chairs present.

Upcoming Meetings & Events
Meetings are at the MCMS Office unless otherwise noted.

• Monday-Wednesday, March 1-3 AMA Advocacy Conference. Washington, D.C.

• Tuesday, March 2
  • MedLink of Mecklenburg meeting. 8:30 a.m.
  • AAFP quarterly meeting. Place TBD. 6:30 p.m.

• Thursday, March 11
  • Legislative Committee. 4 p.m.

• Thursday, March 18
  • CAMGM monthly meeting. Myers Park Baptist Church Cornwell Center. Noon.

• Friday, March 19
  • Child Health Committee. 7:30 a.m.

• Monday, March 22
  • May magazine deadline.

• Monday, March 22
  • MCMS Board Meeting. 6 p.m.

• Thursday, March 24
  • PRO Oversight Committee. 6 p.m.
Carolinas HealthCare System

Carolinas MED-1 Distributes Free H1N1 Vaccinations

Carolinas MED-1, the first mobile hospital of its kind in the world, recently served the people of Charlotte and Mecklenburg County with its deployment to offer free H1N1 vaccines.

On two Saturdays during the month of January, Carolinas MED-1, under an agreement with the Mecklenburg County Health Department, set up outside Eastland Mall and the Hal Marshal Center and distributed more than 1,000 vaccinations. MED-1 clinical staff from CMC administered the injections. The vaccine clinic at the Hal Marshal Center took place during the Martin Luther King, Jr. parade, which Carolinas MED-1 participated in.

“We have made a difference in the lives of more than 10,000 people but have never had the opportunity to help residents in Mecklenburg County. To provide a facility where our neighbors can come and get flu shots is an honor,” says Tom Blackwell, MD, an Emergency Medicine Specialist at CMC and creator of Carolinas MED-1.

In other deployments, Carolinas MED-1 has been used to provide medical care to Hurricane Katrina victims and in the flood-ravaged Midwest. It was developed, and is owned, by CMC.

JD Power Recognizes Four CHS Hospitals for Outstanding Emergency Department Experience

Carolinas Medical Center (CMC), CMC-Mercy, CMC-NorthEast and CMC-Pineville have been recognized for “An Outstanding Emergency Department Experience,” under the J.D. Power and Associates Distinguished Hospital Program.

“The emergency department experience can be a very hectic situation for patients, and our physicians and staff strive to make that experience easy and stress free, from admittance to discharge,” says Dennis Phillips, executive vice president of Carolinas HealthCare System.

The telephone-based research conducted among patients of the four hospitals focuses on five key drivers of patient satisfaction with their overall emergency room experience. The key drivers are speed and efficiency, dignity and respect, comfort, information and communication and emotional support. All four hospitals exceeded the national benchmark study score for overall satisfaction and received notably high ratings for doctors’ coordination of care with nurses and the speed and efficiency of radiology personnel.

CMC performed particularly well with regard to concern for patient well-being, the availability of doctors and explanations of managing care after leaving the emergency room. CMC-Mercy performed well in treatment of family and friends, as well as compassion for the serious impact of health problems. CMC-NorthEast performed well in information and communication, dignity and respect, and received notably high ratings for the availability of doctors and doctors’ communication with patients. CMC-Pineville performed particularly well in regard to the nurses’ concern about controlling pain.

Carolinas Center for Parkinson Disease and Movement Disorders Provides a Comprehensive and Team-Oriented Approach to Patient Care

The Carolinas Center for Parkinson Disease and Movement Disorders at the CMC Department of Neurology helps patients with movement disorders maximize their individuality and quality of life by offering a comprehensive, team-oriented approach to patient care. Services range from early diagnoses and treatment to more advanced options, such as Deep Brain Stimulation (DBS) therapy and botulinum toxin injections for movement disorders and pain.

Sanjay Iyer, MD, Director of the center, and Danielle Englert, MD, evaluate and treat patients with movement disorders in a learning environment that promotes clinical and basic science research. The two physicians treat Parkinson disease, Parkinsonian syndromes, essential tremor and other types of tremor, dystonia, drug-induced movement disorders, ataxia, Huntington’s disease, tics/Tourette’s syndrome, restless leg syndrome, blepharospasm and hemifacial spasm and myoclonus.

Dr. Englert joined the center in August 2008, and since her arrival, she has performed 24 Deep Brain Stimulation therapy surgeries. She works closely with neurosurgeon Martin Henegar, MD, and neuropsychologist Sara Schara, PhD, as well as a team of physicians, physical therapists, occupational therapists, speech therapists and a social worker.

The center is now using the latest surgical equipment, including the new Stealth surgical planning station. The technology uses a frameless navigation system that allows the physicians to perform surgeries without a head frame, providing more comfort to the patient during the operation.

For more information on Carolinas Center for Parkinson Disease and Movement Disorders, call 704-446-1900 or 800-924-7620.

Carolinas Medical Center Gets Three New Helicopters

The MedCenter Air program at CMC will receive three new helicopters from American Eurocopter. The EC135s are to be delivered this fall and will be customized to meet the specific needs of the MedCenter Air program.

“We selected the EC135 after an extensive review and evaluation process,” says Jason Schwebach, assistant vice president of MedCenter Air. “The EC135 meets our scope of service and mission-profile from both an aviation and health care perspective to better serve our community and state. The new aircraft will have the latest in medical and aviation technology and meet all current and proposed state and federal safety recommendations.”

MedCenter Air, a leader in the air ambulance industry, has won several air ambulance awards. The program has been accredited by the Commission on Accreditation of Medical Transport Services since 1997.
At the Hospitals

Presbyterian HEALTHCARE

Surveyors Recommend Highest Level Chest Pain Accreditation for PH, PHM and PHH

Presbyterian Hospital, Presbyterian Hospital Matthews and Presbyterian Hospital Huntersville recently completed their Cycle III Chest Pain Accreditation Surveys.

It is the surveyors’ recommendation that all three Presbyterian facilities receive Cycle III Chest Pain Accreditation, which is the highest possible level. Presbyterian Hospital also received a special designation for its interventional catheterization program (PCI).

By meeting the Society of Chest Pain Centers’ stringent criteria and passing the onsite evaluation, the Presbyterian team demonstrated considerable expertise and a total commitment to chest pain care. The team includes MEDIC, the emergency department, catheterization lab patient care unit staff and the physicians.

Novant Health Helps Haitian Relief Efforts

Novant Health is providing innovative options for employees to contribute to Haiti relief efforts, including monetary donations, manpower, and even their vacation days.

The devastation in Haiti following the recent earthquake is unimaginable. Millions of people are homeless, with little or no access to food, water, medical care and basic necessities. Novant Health, the parent organization of Presbyterian Hospitals, quickly responded to the international call for help with an initial donation of 57 pallets of medical supplies, equipment, medicines and masks.

“I am deeply moved by how our employees are rallying together in the Novant spirit of giving, to help with the Haiti relief efforts,” says Mark Billings, president of Presbyterian Healthcare. “Our thoughts and prayers go out to the victims, their families and the nation of Haiti. We will continue to help in every way possible.”

Realizing this is just the beginning, and the road to recovery will not be easy, Novant employees are eager to help. One option is to donate money through the hospital foundations for American Red Cross funding.

For employees who did not have the financial resources to contribute money, but still wanted to make a contribution, Novant allowed employees to donate their paid time off (PTO) which is typically used for vacation, holidays or sick time. Employees donated their PTO, at a minimum of four hours, which was converted to a dollar amount based on their hourly wage. That full dollar amount was remitted to the Red Cross as an after-tax deduction.

Lastly, employees contributed through manpower. Although federal and state emergency programs are not deploying at this time, employees volunteering through local churches or community service organizations were allowed to use PTO and managers made every effort to accommodate this time away.

Presbyterian Hospital Huntersville Offers New Services

Presbyterian Hospital Huntersville recently opened a new endovascular suite. This will provide access to procedures such as angiography, balloon angioplasty, stenting and other procedures to patients in the Lake Norman region. Additionally, Presbyterian Hospital Huntersville opened a new ambulatory surgery center in January.

Breast Center Accreditation

Presbyterian Breast Center received a national three-year accreditation from the American College of Surgeons (ACS).

Accreditation by the college is given only to centers that have voluntarily committed to provide the highest level of quality breast care. In addition, the college recognized Presbyterian at the 95th ACS Clinical Congress for the hospital’s exemplary performance for general surgery cases performed in 2008.

Physician Update

Blume Pediatric Hematology & Oncology Clinic and Presbyterian Healthcare welcome Randy Hock, MD, PhD, who brings his pediatric hematology and oncology expertise to the clinic and Charlotte area. Dr. Hock attended the Johns Hopkins University School of Medicine and completed his internship and residency at University of Washington and Children’s Orthopedic Hospital and Medical Center in Seattle, Wash. He is board-certified in pediatric hematology/oncology and a member of an extensive list of medical organizations.

Dr. Hock joins the highly-trained board-certified physicians at Blume Pediatric Hematology & Oncology Clinic: Paulette Bryant, MD; Christine Bolen, MD; and Jessica Bell, MD, who each have an extensive history of providing excellent pediatric hematology and oncology care in Charlotte and surrounding areas. Blume Pediatric Hematology & Oncology Clinic has five locations throughout the greater Charlotte area to provide patients and families easier access to care: Ballantyne, Charlotte, Matthews, Salisbury and Concord. To schedule an appointment with Dr. Hock, call Blume Pediatric Hematology & Oncology at 704-384-1900.

Lisa Wilson, MD, is excited to join Providence OB/GYN, in the Presbyterian Medical Tower in uptown Charlotte. She joins four board-certified OB/GYNs in providing women in the Charlotte area with remarkable care throughout their life — from adolescence to childbearing years to menopause. A graduate of the University of Cincinnati Medical School, Dr. Wilson completed her residency at the Medical University of South Carolina. Her medical interests include obstetrics, gynecology, adolescent care, contraception and menopause. To schedule an appointment with Dr. Wilson or another Providence OB/GYN physician, call 704-372-4000.

Lisa Wilson, MD
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Rena Bethea, Physician Recruiter
Phone: 704-355-5042
Fax: 704-355-5033
Email: rena.bethea@carolinashealthcare.org

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<th>Location</th>
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<td>15830 John Delaney Drive</td>
<td>Charlotte NC</td>
<td>704-540-0251</td>
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<td>Billingsley**</td>
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<td>Cabarrus</td>
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<td>704-799-6230</td>
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<td>Matthews**</td>
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<td>Huntersville NC</td>
<td>704-896-3361</td>
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<td>Randolph**</td>
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<td>Rock Hill</td>
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<td>Rock Hill SC</td>
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* Drug Screens Only ** Blood Draws Only