

# CELEBRATING 20 YEARS *of* Connecting Practitioners with Communities

**“The Community Practitioner Program has proven to be one of the most important efforts that the Kate B. Reynolds Charitable Trust has ever supported. The fact that it has been sustained over this many years and continues to be successful today speaks volumes about the collaborative spirit of everyone involved.”**

**Ray Cope - Past President, Kate B. Reynolds Charitable Trust**



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# A Note from the Foundation's President

**"...the challenges our patients face today require new models of care that build on the work of physicians and extend out to involve entire communities."**

**- J. Lloyd Michener, MD, CPP Advisory Committee  
North Carolina Medical Journal May/June 2007, Volume 68, Number 3**



***The more things change, the more they stay the same.***

Twenty years ago, a group of entrepreneurial and forward thinking leaders came together to plan new ways to increase the recruitment and retention of primary care providers in rural North Carolina. In 1989, the vision, wisdom and passion of two leaders, Dr. Harvey Estes and Jim Bernstein, and the contributions of key state organizations paved the way for the birth of the Community Practitioner Program. The Kate B. Reynolds Charitable Trust provided the generous financial support of \$4.5 million to make the program a reality, helping medically underserved communities across North Carolina attract and retain needed medical practitioners.

We at the Community Practitioner Program know now what they understood so well then. It takes passion, dedication and partnership to provide a complete system of care for people in rural North Carolina. Harvey and Jim understood the fundamental elements it would take to get the job done. They forged a partnership with Area Health Education Centers, the North Carolina Office of Research, Demonstrations and Rural Health Development, the North Carolina Hospital Association's Rural Health Center, the North Carolina Department of Commerce, the Kate B. Reynolds Charitable Trust and the North Carolina Medical Society to guide the Community Practitioner Program's activities and to work collaboratively in communities across the state. The intent was, and still is, to augment but not duplicate efforts, and to leverage the expertise and resources of all partners toward a common goal: improving the health of North Carolinians in rural underserved communities by providing access to quality healthcare.

Today, those partnerships still stand toward that common goal. The issue of recruiting and retaining primary care providers has, unfortunately, not gone away. It has grown in importance not just for rural underserved areas but for the nation as a whole. This means that the Community Practitioner Program and its partners will have to work harder to ensure that rural North Carolina communities have needed primary care and healthcare providers. In our state, chronic disease and obesity rates continue to rise, particularly among persons with fewer resources. Fewer providers are choosing primary care, medical school loan debt has sky rocketed to nearly \$200K on average, there is more administrative red tape from insurers and declining service reimbursement rates for primary care. These factors compound the difficulty of the Program's mission. Yet, without endeavors like the Community Practitioner Program and the efforts of its partners, the future would look grim. In 1989, Dr. Estes and Jim Bernstein understood that a collective effort was critical to address these issues at that time; this remains true today.

Access to primary health care is near the top of our nation's health agenda. We at the Community Practitioner Program know that the NC Medical Society Foundation is fully engaged in this issue and will continue to use the Program to develop innovative solutions and opportunities.

We are intensely grateful to our partners and those foundations and individuals who have demonstrated their trust and support for the Community Practitioner Program by contributing their time, enthusiasm and money toward our mission. Because of these contributors and their supports, Community Practitioner Program participants now provide over 400,000 visits annually to patients largely on the margin of the healthcare system.

To the Community Practitioner Program participants, my wish for you is to know how truly important you are in the lives of the patients you serve. Our Foundation staff has had the opportunity to visit your communities and talk with your patients. What we hear is how extraordinary you are and what a difference you make. You are truly remarkable! During a time when practicing medicine is complicated and difficult, you face the challenge every day and give individuals and families hope and an opportunity to see a provider in their own community. Thank you for the work you do and for your dedication and passion! In the words of Margaret Meade: "Never doubt that a small group of thoughtful citizens can change the world. Indeed, it's the only thing that ever has."

Richard F. Bruch, MD  
President, NCMS Board of Trustees

# Foundation Mission

To improve access to quality health care for all North Carolinians. Using a multi-pronged strategy to address the problems of access, the North Carolina Medical Society Foundation is dedicated to assisting rural communities and underserved, uninsured populations of North Carolina; supporting the study of voluntary community care models; supporting the study of long-term reforms to the health care system; and reducing health care costs without compromising quality of care.

## Goals of the CPP

- To ensure that physicians, physician assistants, and family nurse practitioners locate in North Carolina's rural and underserved communities.
- To work with local needy communities to improve their health care infrastructure.
- To work to improve the quality of care within North Carolina's rural and underserved communities.

## The CPP At-a-Glance

- 153 rural, economically distressed and medically underserved communities in 87 counties
- 370 doctors, physician assistants, nurse practitioners and medical practices supported
- In 2008 served 89 primary care providers in 35 counties
- An estimated 400,000+ patient encounters annually:
  - 33% Medicaid
  - 39% Medicare
  - 18% Uninsured
  - 41% Minority
  - 55% Chronic diseases
- An estimated \$236 million in health care to the uninsured since inception
- In 2008, over \$5.4 million spent on care to the underserved
- Over \$3.4 million currently committed to physicians, physician assistants, and nurse practitioners.

# Program Partners

We gratefully acknowledge our partners in health care, whose generous contributions of time and resources have made the Community Practitioner Program a continued success.

**Thomas J. Bacon, DrPH**  
NC Area Health Education  
Centers Program  
UNC School of Medicine

**Jason Baisden**  
North Carolina Association of  
Free Clinics

**Mott P. Blair, IV, MD**  
Blair Family Medicine

**Mary Bobbitt-Cooke**  
Healthy Carolinians, Inc.

**Richard F. Bruch, MD**  
Triangle Orthopaedic Associates, PA

**Kellan Chapin**  
Care Share Health Alliance

**Lawrence M. Cutchin, MD**  
NCMS Past President

**Mike Darrow**  
Care Share Health Alliance

**E. Harvey Estes, Jr., MD**  
Program Founder, Trustee

**Katie Eyes**  
Blue Cross and Blue Shield of North  
Carolina Foundation

**John H. Frank**  
Kate B. Reynolds Charitable Trust  
Trustee

**Gregory K. Griggs, MPA, CAE**  
North Carolina Academy of Family  
Physicians

**Thomas G. Irons, MD**  
Brody School of Medicine at ECU  
Trustee

**Carrie C. Klett, MD**  
Lakeview Obstetrics & Gynecology, PC

**J. Lloyd Michener, MD**  
Duke University Medical Center  
Dept. of Community and Family  
Medicine

**Donald E. Pathman, MD, MPH**  
Cecil G. Sheps Center for  
Health Services Research  
UNC at Chapel Hill

**Mary L. Piepenbring**  
The Duke Endowment

**John Price**  
NC Office of Rural Health and  
Community Care

**George L. Saunders, MD**  
Old North State Medical Society

**Robert W. Seligson**  
North Carolina Medical Society

**Vandana Shah**  
NC Health & Wellness Trust Fund

**Steven E. Shore, MSW**  
North Carolina Pediatric Society

**Pam Silberman, JD, DrPH**  
NC Institute of Medicine

**Jeffrey S. Spade**  
North Carolina Hospital Association  
NC Rural Health Center

**Justine Strand, DrPh, PA-C**  
Duke University Medical Center  
Dept. of Community and Family  
Medicine

**Torlen "Tork" Wade**  
NC Foundation for Advanced  
Health Programs

**Abe Walston, II, MD**  
PPD, Inc., Trustee

**Charles F. Willson, MD**  
Brody School of Medicine at ECU

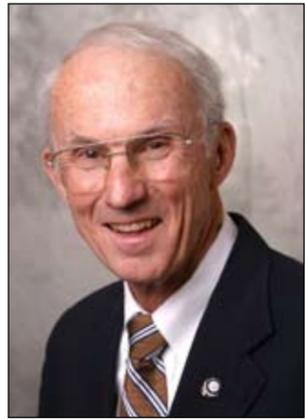
**Susan D. Yaggy**  
NC Foundation for Advanced Health  
Programs



"We'd go and sit down in the community and together we would scribble down what we considered to be the community pathology: why it would work, what wasn't working, why they couldn't retain a doctor. And with a pencil and pad, and not uncommonly a table napkin, we'd sketch out a possible solution. When people genuinely work together without holding anything back from the collaboration, and they are all committed to the same purpose with no one seeking personal gain, then you can accomplish unbelievable things. CPP participants become part of a unique fellowship of people. They establish a lifelong network that can engage in quality improvement and share challenges together."

-Thomas G. Irons, MD  
Foundation Trustee

# Building the Community Practitioner Program: A conversation with Founder Dr. E. Harvey Estes, Jr.



In 1989, the North Carolina Medical Society Foundation asked Dr. Harvey Estes to oversee the development of a program to encourage health professionals to practice in rural and medically underserved North Carolina communities. Here, Dr. Estes recalls the early days of the Community Practitioner Program and reflects on the program's success.

## How did the CPP get started?

In the late 1980s it became apparent that North Carolina had a major problem: we were losing primary care doctors. Around the same time, the Kate B. Reynolds Charitable Trust in Winston-Salem had an unusual opportunity related to the sale of RJ Reynolds. They had \$4.5 million that they had to give to charity by the end of the fiscal year, so they asked Dr. Manson Meads at the Bowman Gray School of Medicine to do a series of interviews with the medical leadership across the state to see what should be done about it. On the basis of Dr. Meads' feasibility study they decided to give the money to the North Carolina Medical Society Foundation and asked them to spend it to do something about primary care in North Carolina.

## Where did you begin?

We pulled together a group of people interested in rural health, the first of whom was Jim Bernstein in the Office of Rural Health, and we formed a committee. We began talking about the best approach to get doctors out there and establishing a loan repayment program became the leader among all the options of things we could do. We also determined that this should be a cooperative endeavor involving all units interested in the state, and that we'd work to address problems that federal and state funds weren't intended to solve.

## How did the group approach the problem?

We began to work together to tackle communities one by one to see what we could do to improve their situation. I think everyone tends to think of CPP as a loan repayment program which it is, but it has a broader background because from the beginning we decided we would go into the community and figure out if there were bigger issues contributing to the shortage of doctors. We quickly found out that this was indeed the case. In some cases they were just too poor to sustain a doctor, and in others there were communication problems within the community that made it impossible to come to an agreement on healthcare. We had to help them correct those conditions before anything could take place. It was really a giant jigsaw puzzle, making all the pieces fit.

## Why is rural health care so important?

I don't think the state is healthy until its rural areas are healthy as well. Rural areas are, in many ways, more important because the cities can't survive without the support network of the rural communities surrounding them. They've got to be healthy all the way around: economically, educationally, and physically.

## When did you know the CPP would be a success?

I think those of us involved knew it from the beginning. We can look at a town and see that we've gotten them a doctor and the doctor is happy there and they are doing what they're supposed to do, and that was clear as crystal from the beginning.

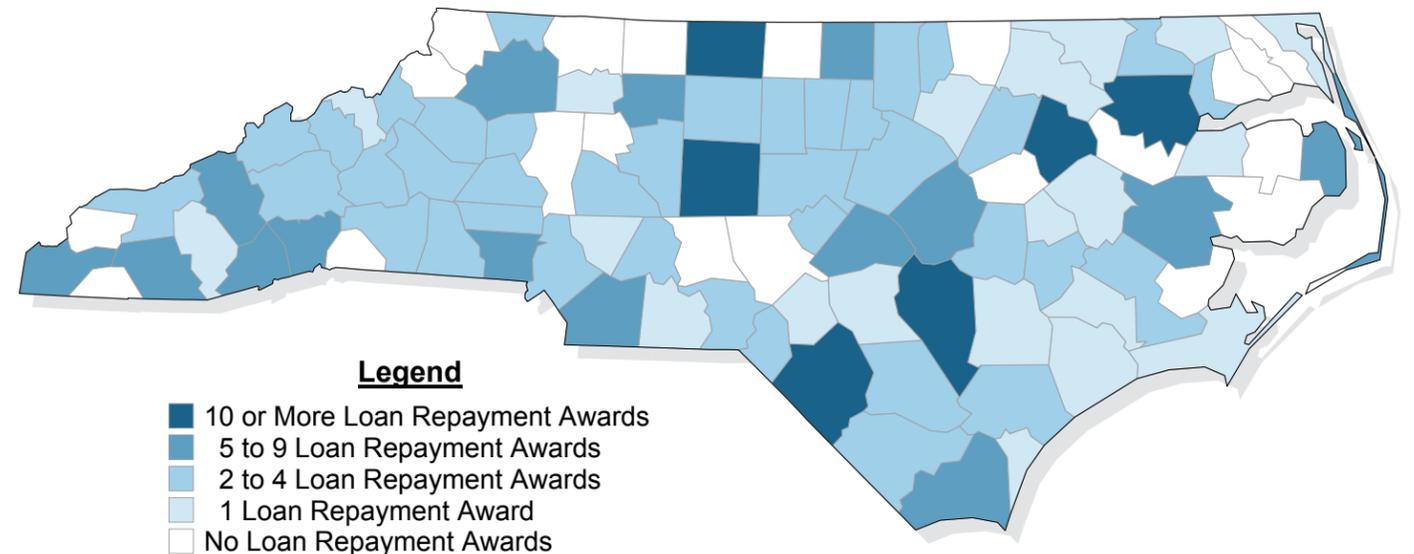
## What were the challenges?

In the beginning it was simple; we just followed our noses and did what seemed right. With time, life has become more complicated and we've had to come up with better ways of evaluating our effectiveness, and this adds a layer of complexity. We've also found that the medical profession has not helped us a great deal. It has become more unpopular for people to go into primary care. We hoped it would be self correcting over time, but that has not been the case.

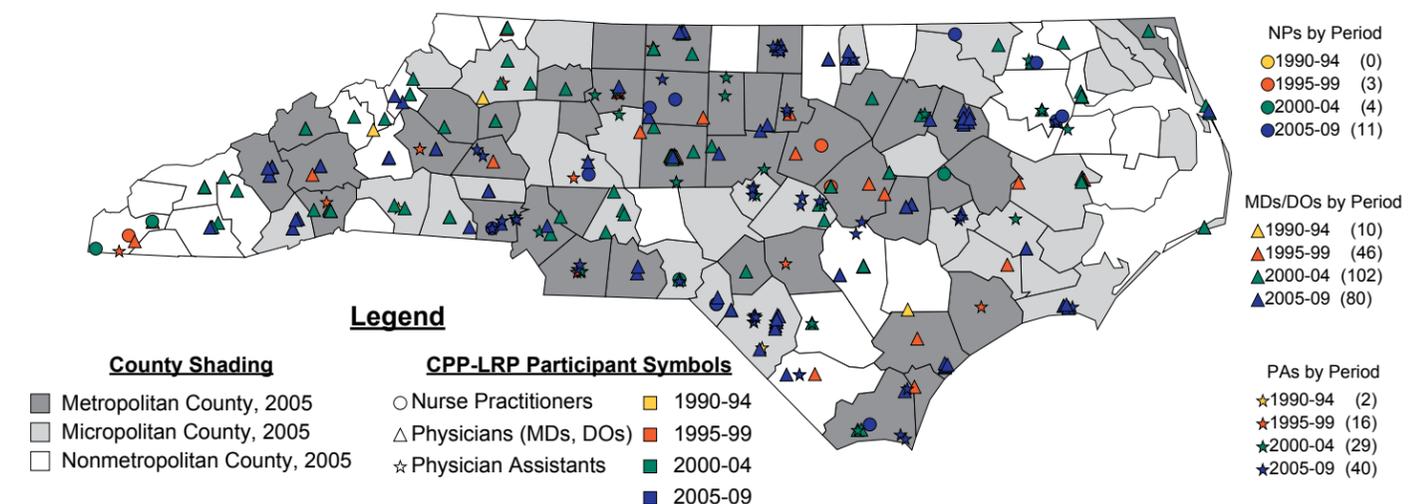
## What have you been most proud of over the last twenty years?

I'm very proud of the entire program and everything it has done. I am most proud of our continued cooperation with the Office of Rural Health. We've worked beautifully together, and I hope it continues for a long time to come.

# Number of CPP Education Loan Repayment Awards Made within Each County, 1990-2009

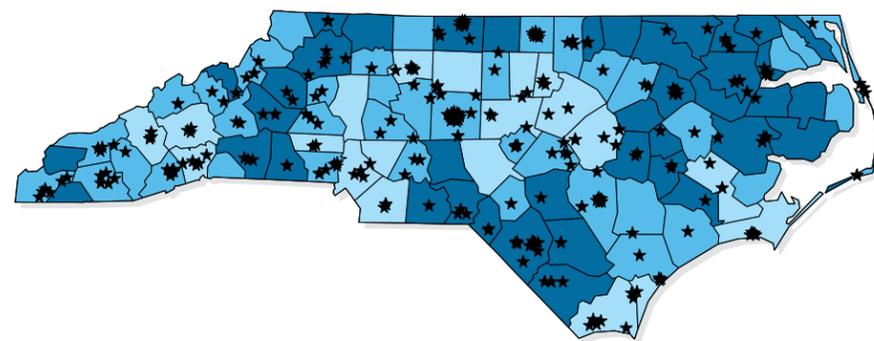


# CPP Education Loan Repayment Award Sites within Rural and Urban NC Counties by Provider Type and Program Period, 1990-2009



\*Note: Includes all placement sites for those who relocated while still serving in the CPP.

## Sites of CPP Education Loan Repayment Awards within Counties in Each Tier of Economic Distress, 1990-2009

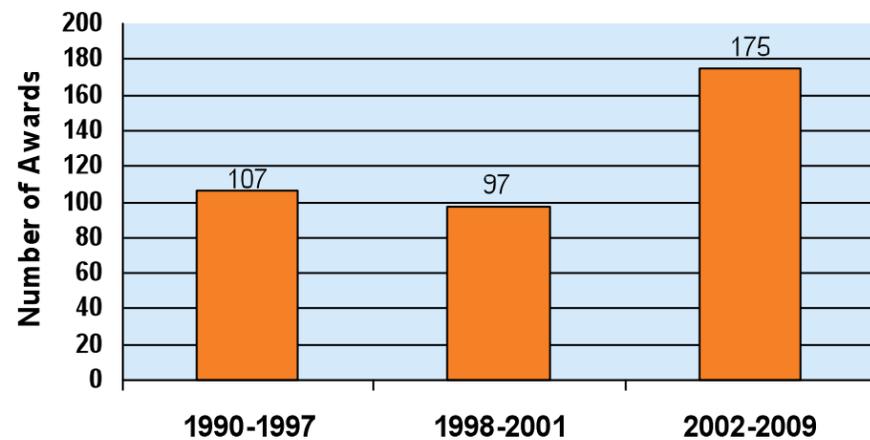


**Legend**

- ★ Each CPP Loan Repayment Award Placement
- Tier 1 (Most Economically Distressed)
- Tier 2
- Tier 3 (Least Economically Distressed)

Missing data: 1 placement  
 Economic distress tier designations shown are as of 2009  
 Sources: North Carolina Department of Commerce, County Tier Designations, <http://www.nccommerce.com/en/BusinessServices/LocateYourBusiness/WhyNC/Incentives/CountyTierDesignations/>, accessed 9/10/09.

## Number of CPP Awards Made for Education Loan Repayment and Other Types of Support, by Program Period



## Number of CPP Awards Made for Education Loan Repayment and Other Types of Support, 1990-June 2009

Type of Support	Number of Awards
<b>Education Loan Repayment</b>	<b>297</b>
MD	182
PA	75
DO	26
NP	12
CNM	2
<b>Other Support</b>	<b>83</b>
<b>Total Awards</b>	<b>380</b>

## Profile: Dr. Mott Blair, First CPP Participant, 1990: Wallace, North Carolina



"I came into the Community Practitioner Program toward the end of my first year of practice. After completing my residency at ECU Family Medicine, I returned to my hometown of Wallace, in Duplin County to take over Blair Family Medicine from my dad who was semi-retired. From the beginning, it was clear that it was going to take a lot of external help to get back up and running and become a viable practice again. Before I became involved with CPP, it virtually took all the energy and resources I had to just to keep the doors open and meet overhead.

Having just left residency, I, like many residents today, was completely unprepared for the business aspect of medicine: opening and running a practice, doing contract negotiations, handling personnel, and all the nuances of essentially running a small business.

Not only did the CPP provide help with my student loans which relieved some of the significant financial burden, they also brought expertise and advice on the nuts and bolts of running a practice. They came in and did an in-depth analysis and made some very good suggestions for changes we could make to ensure financial viability. Many years later, when we decided to remodel

the practice, the CPP brought in an architect to show us what we could do to modernize the practice, and we followed their plan to the letter. So, the footprint of the CPP is in the very architecture of the building I practice out of today.

I love practicing in a rural setting. I know everybody I see. I take care of people I went to high school with, and even some of my former teachers. It's a real honor to be able to do that, to have them trust me with their care. We take care of multigenerational families that have been in this practice for 50 years, and on occasion I've had three or four generations in the same room, and that's really amazing. Being in a small community, you can really make an impact and you can see how you affect the lives and health of your community every day. There's a closeness that's very rewarding.

I do not believe I would have the privilege of being in this community today if it hadn't been for the help provided by CPP. There's no question in my mind about that."



# Looking Ahead: What's next for the CPP?



**Robert W. Seligson**  
Executive Vice  
President, CEO

Today, North Carolinians and their healthcare providers face some of the most difficult challenges in recent memory. The number of persons who are uninsured due to job loss and other circumstances is at an all time high, 1.5 million people, a 29% increase from 1999 – 2000. In comparison, the uninsured for the nation increased only 12% during the same time period.<sup>1</sup> Doing more with less is something we have all come to expect. Often, taking things one day at a time is as far as providers and their patients can plan. Medical school loan debt has increased and is very much a part of the financial future of the CPP providers. The Program's assistance helps lessen the burden of medical school loan debt but cannot erase it entirely.

The North Carolina Medical Society Foundation is working hard to do more to address issues that affect access to healthcare and to measure the effectiveness of those efforts.

### Measuring Recruitment and Retention Efforts

In 1991 as part of a grant from the Robert Wood Foundation's Practice Sights initiative, the NC Foundation for Advanced Health Programs and the NC Office of Rural Health (NCORH) created and implemented Practice Sights Medical Provider Placement Software for the purposes of tracking medical practitioners being recruited to North Carolina and other states participating in the Practice Sights initiative. The recruitment program has continued to evolve and improve with time. In 2008, rather than tracking participants to the CPP separately, the Office of Rural Health invited the program to use the Practice Sights software thus enabling NCMSF and NCORH to avoid funding and systems duplications and allowed both to more closely track applicants. Practice Sights also enables the Community Practitioner Program to more strategically make decisions regarding funding.

In 2007, Donald E. Pathman, MD MPH, Director of the Program on Primary Care and the Health Professions at UNC's Cecil G. Sheps Center for Health Services Research, agreed to evaluate the CPP. This evaluation identified a need to more closely track not only recruitment of medical practitioners but their retention. This evolved into another opportunity for partnership. The NC Medical Society Foundation in partnership with the NC Office of Rural Health, the Sheps Center, and the NC Foundation for Advanced Health Programs collaborated to create a new module for Practice Sights. The new module will enhance our ability to address issues that affect retention in our programs and to report the outcomes of our efforts. There is no other system available to accomplish this task; the intent is to make this system available to 27 other states to help them more effectively measure their efforts as well. Given the critical issue of recruitment and retention of primary care providers in rural and underserved areas, this tool will enhance our ability to address this issue in a much more targeted and informed manner. Many thanks go to the Kate B. Reynolds Charitable Trust and the Blue Cross and Blue Shield of North Carolina Foundation for their support in this effort.



**Maggie Sauer**  
Associate Executive  
Director

### Innovative Practice Program

The Community Practitioners Program's new Innovative Practice Program is providing additional funds to practitioners that are dedicated to working with their communities to address chronic diseases, childhood obesity and mental health.

### Technical Assistance

Over the years, the CPP has always assisted medical practitioners in a variety of ways and attempted to identify the most critical issues affecting medical practice. The issues important to practice management have grown to include the ability to measure practice quality and the implementation of an electronic health record. Through the PractEssentials practice management program we at the CPP have been able to assist practices with very few resources as they take strides to meet new requirements placed on practices and adopt new technology. These activities have become a central part of the CPP's work and strategy to retain participants in their communities and practices. It is incumbent on the Program to provide participants with the tools of success and to lend a hand whenever needed and to measure the outcomes of the Program's efforts. In this way, it will truly be possible to describe the impact of the CPP's work in the lives of the people of rural North Carolina.

<sup>1</sup>.Expanding Access to Health Care in North Carolina: A Report of the NCIOM Health Access Study Group, March 2009, p.11

# North Carolina Medical Society Foundation

## Statement of Activities For the year ended December 31, 2008

### Revenues and Gains:

Restricted Contributions	\$783,956
Unrestricted Contributions	\$149,918
Contracts and Grants	\$2,697,053
Gift in Kind	\$172,032
Service Fees	\$13,163
Investment income:	
Net losses on marketable securities	(\$2,879,994)
Interest and Dividends	\$296,209
Other	\$7,151

**Total Revenues and Gains** **\$1,239,488**

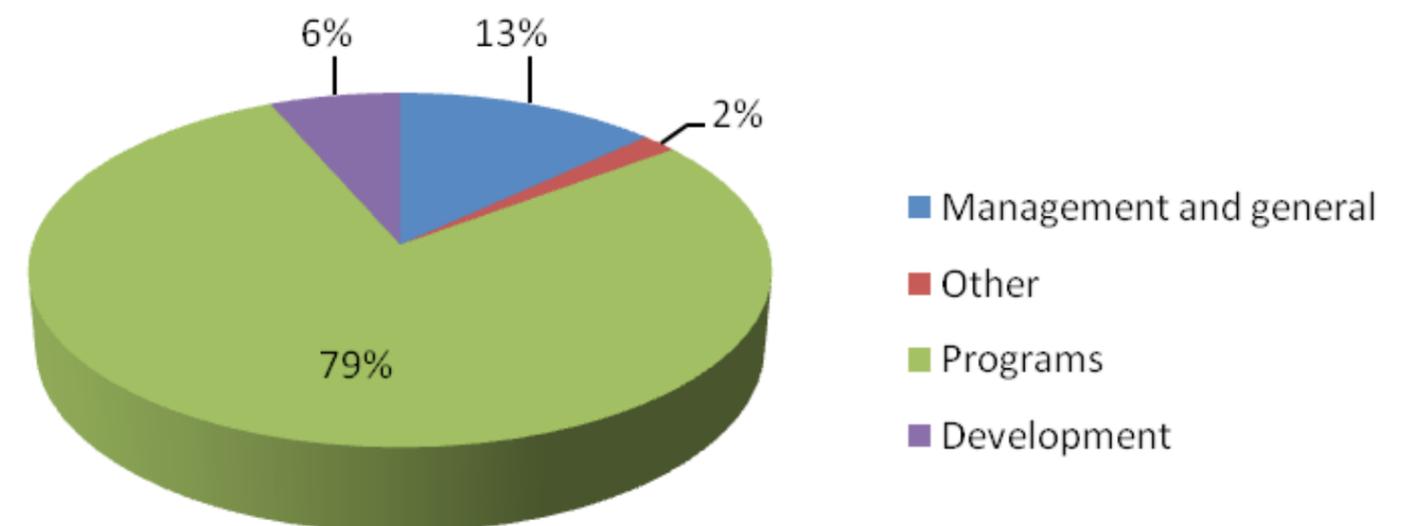
### Expenses and Losses:

Programs	
Community Practitioner Program	\$1,021,332
PractEssentials	\$310,488
Leadership College	\$63,339
Medicare Advantage	\$67,599
Development	\$120,637
Management and general	\$241,808
Other	\$32,700

**Total Expenses and Losses** **\$1,857,903**

Decrease in Net Assets for FY 2008	(\$618,415)
Net assets at beginning of year	\$11,107,656
Net assets at end of year	\$10,489,241

## 2008 Total Foundation Expenditures



# Capital Campaign for the Community Practitioner Program

In 2006, the NCMS Foundation embarked upon a \$20 million campaign to raise funds for its Community Practitioner Program in order to secure the future of the program. The campaign began with a generous grant of \$10 million from the Blue Cross and Blue Shield of North Carolina Foundation. Following their lead were other North Carolina foundations, corporations, and NCMS leaders, who helped raise an additional \$5 million during the campaign's initial phase. The campaign was then brought to the NCMS membership. Physicians, physician assistants and friends of the NCMS responded overwhelmingly by donating more than a half-million dollars! The Capital Campaign continues, and we would like to take this opportunity to thank all who have contributed to date. Your generosity is truly inspiring!

## \$10,000,000+

- Blue Cross and Blue Shield of North Carolina Foundation

## \$1,000,000+

- Medical Mutual Insurance Co.
- North Carolina Medical Society
- Physicians' Foundation for Health Systems Excellence

## \$750,000+

- Kate B. Reynolds Charitable Trust

## \$500,000+

- The Duke Endowment

## \$250,000+

- Golden L.E.A.F. Foundation
- The North Carolina GlaxoSmithKline Foundation

## \$100,000+

- Drs. Elizabeth P. Kanof and Ronald H. Levine
- North Carolina Academy of Physician Assistants
- The Wachovia Foundation

## \$50,000+

- Dr. and Mrs. E. Harvey Estes, Jr.
- The Pfizer Foundation, Inc.
- Sanofi Aventis U.S., Inc.
- Drs. Robert E. and Diane G. Schaaf
- Dr. and Mrs. Zane T. Walsh, Jr.

## \$25,000+

- Aetna Foundation, Inc.
- Dr. and Mrs. Richard F. Bruch
- Dr. and Mrs. G. Hadley Callaway
- Mrs. Betty T. Harris
- Pfizer, Inc.
- Mr. and Mrs. Robert W. Seligson
- Wal-Mart and the Wal-Mart Foundation

## \$10,000+

- Carolinas HealthCare Foundation
- Dr. and Mrs. Henry J. Carr, Jr.
- Dr. Don C. Chaplin and Mr. Andy D. Hunt
- Dr. and Mrs. Thomas G. Irons
- North Carolina Physicians Health Program, Inc.
- Justine Strand, PA-C MPH and Mr. Jasiel De Oliveira
- Abe Walston, II, MD
- Dr. and Mrs. Charles F. Willson

## \$5,000+

- Dr. and Mrs. Ian D. Archibald
- Waverly S. Green, MD
- William L. Stewart, MD

Due to space limitations, we are not able to list all the generous donors to this campaign. For a complete list of donors, visit our website at [www.ncmsfoundation.org](http://www.ncmsfoundation.org)



**"We are very proud to be a partner in such an important endeavor, and we applaud the North Carolina Medical Society Foundation and those on the forefront of establishing the Community Practitioner Program for recognizing the challenges of caring for rural North Carolina. Their visionary approach is helping to ensure that the distance that separates us from our neighbors does not distance them from the quality health care they deserve."**

**-Kathy Higgins  
President**

**Blue Cross and Blue Shield of North Carolina Foundation**

# Acknowledgements and Program Participants

The NCMS Foundation recognizes the dedication of rural health providers across the state who are committed to serving communities in need. We would like to especially thank our Community Practitioner Program participants who have been the key to the success of our program over the past 20 years.



**"The CPP has helped make rural medicine a more attractive place to be, and it has encouraged doctors to explore opportunities in places they might otherwise have missed. It's as much about the strength of the community you form as it is the practice that you build, and when you truly connect with a community you can't imagine being anywhere else."**

**-Bob Townsend, MD  
CPP Participant, 2003**

## CPP Participants Practicing in 2006 through Present

James Bagley, PA-C  
Constance L. Baker, MD  
Whitney D. Bartlett, PA-C  
Amy R. Baruch, MD  
Lydia A. Battle, PA-C  
Andrea L. Bennett-Cain, MD  
Kirk D. Bluth, MD  
Stacey A. Blyth, MD  
Susan Brandt, FNP  
Bridgewater Physicians, PA  
Jonathan I. C. Brownlee, MD  
Aloha E. Bryson, MD, PhD  
Terri B. Cates, MD  
Archana V. Chander, MD  
Tywanna L. Chisley, MD  
Kirsten S. Cox, MD  
Tarah E. Cranick, PA  
Alexis L. Daly, PA-C  
Alonzo J. Davis, IV, MD, PhD  
Michael F. Dulin, MD  
Janaki R. P. Earla, MD  
Clyde R. Edwards, PA-C  
Jack R. Faircloth, MD  
Leigh E. Floyd-Freeman, PA-C  
Karen D. Gavigan, MD  
Michael D. Gavigan, MD  
Michael J. Godard, DO  
F. Patrick Gorman, MD  
G. Michael Gould, DO  
Kaitlyn A. Granda, PA-C  
Linda I. Greenspan, DO  
Steven P. Greer, MD  
Mark D. Gwynne, DO  
Joshua P. Hand, MD

Imran P. Haque, MD  
Revella B. Harmon, MD  
Janet E. Harris-Hicks, MD  
Lori J. Hartley, PA-C  
Mary Scott Hayes, MD  
Gary H. Heck, DO  
Rick J. Hernandez, MD  
Lacy C. Hobgood, MD  
Susan T. Hoggard, CPNP  
Michelle S. Hopkins, PA-C  
Teague L. Horton, MD  
Shawn M. Howerton, MD  
Felice A. James, MD  
John E. Killgore, FNP-C  
Carrie C. Klett, MD  
Lisa I. Largent, RN  
Larry D. Lawrence, MD  
Tami A. Lee, PA-C  
Christian T. Lige, MD  
Elizabeth S. LoCascio, MD  
Arbus E. Locklear, Jr., PA-C  
Gandhari Loomis, DO  
Garnett M. Lowry, MD  
Katie Lowry, MD  
Joseph J. Lozano, MD  
John M. Lucas, PA-C  
Sharon F. Lynch, FNP, BC  
Maida H. Martin, PA-C  
Jessica A. Martinez, PA-C  
David P. Mayer, PA-C  
Terry W. McCall, MD  
Netasha S. McLawhorn, MD  
Emily R. Melton, MD  
MERCİ Clinic

Rita J. Mullins-Hodgin, MD  
Christopher J. Murphy, MD  
Warren E. Murray, Jr., MD  
Gretchen G. Netherton, MSN, CPNP  
Gregory J. Oleksy, MD  
Jay R. Oswald, PA-C  
Dinah H. Oxendine, PA-C  
Monica L. Oxendine, CNM  
Emily N. Phillips, PA-C  
Gregory M. Price, MD  
Elizabeth R. Riley, PA-C  
John A. Sanchez, DO  
Andrea M. Scholer, MD  
Azra P. Shaikh, MD  
Lisa P. Shock, MHS, PA-C  
Randy M. Sloan, MD  
David L. Smith, MD  
David M. B. Smith, MD  
Gary A. Smith, MD  
Leslie C. Stanfield, MD  
Karrie A. Stansfield, MD  
Christopher W. Stewart, MD  
Andrew E. Stock, MD  
Amy K. Straike-Howerton, MD  
Trew J. Stransky, DO  
Jennifer I. Sturcken, PA-C  
C. John Torontow, MD, MPH  
Hanh M. Tran, PA-C  
Shawn M. Wagner, PA-C  
Brent A. Westbrook, PA-C  
Michael V. Woodbridge, MD  
J. David Yale, Jr., MD, MPH

For a complete list of program participants since 1989, please visit our website at [www.ncmsfoundation.org](http://www.ncmsfoundation.org)

# Making a Difference...



## Dr. Robert Townsend

is a third generation family physician in Raeford, NC. His grandfather and father still live in Raeford, where his father continues to practice medicine part time. Dr. Townsend never thought he would become a physician, let alone live in Raeford. After a career in food service and television, at age 33 he decided practicing medicine was what he was truly meant to do. When he and his wife had children, they wanted them to grow up near family and in the community where Dr. Townsend was raised. Today, Dr. Townsend cares for many patients in Raeford but his real passion is for his geriatric patients who have complicated chronic conditions that require more time and care. Dr. Townsend understands the importance of going the extra mile to ensure they receive quality care. He works in many of the nursing homes around town and makes sure patients get home care if needed. Getting medication can be difficult for folks who don't have transportation, so Dr. Townsend works with a local pharmacy that delivers prescriptions to patients for the same price as the large chain pharmacies. Dr. Townsend knows that medication adherence is key to keeping his patients out of nursing homes, out of the hospital, and near family.



## Dr. Kelly Rothe

began practicing in Burnsville, NC as a solo practitioner. She and her husband are both physicians and enjoy the lifestyle in a rural NC mountain town. Aside from the local Community Health Center where her husband works, Dr. Rothe's clinic is one of the few in Burnsville that provides treatment to anyone who walks through the door. In five years, her practice has grown as well as her commitment to her community. Dr. Rothe employs ten people from the local community in her clinic and has organized several community initiatives including a local task force dedicated to providing care for children and women who have experienced sexual abuse. In 2009 Dr. Rothe will launch a program for adolescent foster children to provide medical and mental health services. She loves Burnsville and could not imagine being anywhere else.

