

CAPE FEAR VALLEY HEALTH *and* WELLNESS MAGAZINE

MAKING ROUNDS

WINTER 2018



CAPE FEAR VALLEY HEALTH

www.capefearvalley.com





4



12



14



20

3 Letter from the CEO

COMMUNITY

4 Changing the Game

Cape Fear Valley takes on one of healthcare's biggest challenges

10 Taking Patient Care to a New Level

Pharmacy residents provide patients with more proactive healthcare

PROGRAMS & SERVICES

12 Changing the Name and the Game

Cape Fear Valley EMS is now Cape Fear Valley Mobile Integrated Healthcare

16 One Disease, Various Paths To Recovery

Treating breast cancer is a different process for every patient

HEALTH

20 We're Making Rounds Live!

Cape Fear Valley Health takes to the airwaves on WIDU

BOARD PROFILE

22 Born to be Mild

This Harley rider is always ready to hit the road for his next two-wheeled adventure

NEWS BRIEFS

24 News Briefs

IN THE COMMUNITY

26 PHOTOS :: We're here for you

Residents from Campbell University's Jerry M. Wallace School of Osteopathic Medicine joined Cape Fear Valley at community events around the state to provide free health screenings.

PHYSICIAN NEWS

27 New Physicians

30 Physician Briefs

FOR THE COMMUNITY

31 Support Groups & Blood Drives

MAKING ROUNDS

THE OFFICIAL MAGAZINE OF CAPE FEAR VALLEY HEALTH

MAKING ROUNDS is published by the Marketing & Outreach Department of Cape Fear Valley Health System.

Cape Fear Valley is a non-profit community-owned health system. Please direct all correspondence to:
Marketing & Outreach Department
Cape Fear Valley
P.O. Box 2000
Fayetteville, NC 28302-2000

www.capefearvalley.com

If your address is incorrect or you would like to be removed from our mailing list, call (910) 615-6445 or send an email to: dbyers@capefearvalley.com.

EDITOR : Donnie Byers
PUBLIC RELATIONS COORDINATOR
dbyers@capefearvalley.com

DESIGNER : Jason Brady
MARKETING COORDINATOR
jbrady@capefearvalley.com



CAPE FEAR VALLEY HEALTH



A Joint Commission
TOP PERFORMER



LETTER *from the* CEO

In a recent community survey, residents were asked to rate their overall health, and the results were mighty impressive.

More than 90 percent of respondents said they considered themselves to be in good to excellent health, while just eight percent rated themselves fair to poor. The tallies were reported in the Community Health Needs Assessment, which is jointly conducted by Cape Fear Valley Health and the Cumberland County Public Health Department.

The favorable opinions bode well for the community and Cape Fear Valley, since our goal is to help area residents maintain good health. That can be done in a number of ways, including increasing access to care, helping with community resources and providing reliable information on health topics, even when the information comes from out-of-the-box thinking.

Our new residency program is a good example of just how Cape Fear Valley is increasing access to care in the region. Launched this summer, it's designed to train more physicians for rural practice. Admittedly, this is a long-term strategy. But it should pay tremendous dividends in the years to come.

In the shorter-term, our new Internal Medicine Continuity Clinic at Health Pavilion North will help address the growing number of patients who need ongoing care but don't have a primary care physician.

These patients typically have chronic conditions, such as diabetes and hypertension, so the internal medicine resident they see eventually becomes their primary care physician.

And our highly successful Community Paramedic Program continues to grow, now offering Direct Outreach Clinical Services (DOCS) to the community. The services come in the form of free health screenings at community events, such as the Fayetteville Police Department's free movie nights.

The pop-up clinics are conducted in a mobile vehicle equipped with health assessment rooms staffed by paramedics, pharmacists and other clinicians. In addition to providing direct care, they help people find needed services in their local community.

We're also reaching out to the community over the air with our Making Rounds Live broadcast twice a month on WIDU radio. Every show covers two or three health topics and allows listeners to call in with questions. Guest physicians, nurses and other subject matter experts answer the questions live on air.

These are just a few of the ways Cape Fear Valley is fulfilling its vision: In every way, improving the quality of every life we touch. Together, we'll continue to improve our community wellness.

Mike Nagowski

CEO, CAPE FEAR VALLEY HEALTH



Changing The Game

Cape Fear Valley takes on one of healthcare's biggest challenges

:: by Donnie Byers

There's a nationwide shortage of doctors, especially outside of major metropolitan areas.

Entire towns, or even counties, often have to rely on a single physician, while neighboring cities enjoy a surplus of doctors for medical care. It's a hard truth. The reasons why can be even harder to accept.

Most new doctors simply go into practice in the same area they do their residency training, because they're comfortable with their surroundings. And most medical residency programs are located in more densely-populated urban areas.

These two realities have led to a noticeable decline in rural doctors over the years, as older physicians age out of the workforce. The disparity will only worsen in coming years.

By 2030, North Carolina alone will need an additional 2,000 primary care physicians to treat the state's burgeoning population. Specialty physicians are in even shorter supply in the state. A quarter of North Carolina's 100 counties currently lack OB/GYN physicians, pediatricians, psychiatrists and general surgeons.

"If there was ever a hotspot for the nation's physician shortage," said Cape Fear Valley CEO Mike Nagowski, "it's here in the southeastern part of North Carolina."

Nagowski oversees the state's 8th largest health system, which serves a vast swath of the region he refers to. Most of the territory is rural, making recruiting new doctors a never-ending challenge against larger healthcare markets like those in Charlotte and the Triangle.

So Cape Fear Valley Health is changing strategy with a new medical residency program launched this summer. Its goal is to train new physicians fresh out of medical school from across the U.S. The hope is they stay to practice medicine in the region, once they complete their training.

Cape Fear Valley's academic sponsor is Campbell University's Jerry M. Wallace School of Osteopathic Medicine. The residency program was originally conceived in 2010, soon after the Buies Creek school announced it planned to open the state's first new medical school in more than half a century.

Jerry Wallace is Campbell University's chancellor and the medical school's namesake. He recalls how Nagowski first contacted him about starting the residency program. What stood out in his mind was how knowledgeable the CEO was about osteopathic medicine.

"I didn't have to convince Nagowski on something that was so new to me," Wallace said. "He did us a favor and opened a big door for us."

U.S. physicians are either doctors of medicine (M.D.) or doctors of osteopathic medicine (D.O.). They essentially receive the same training, but D.O. medical students also learn osteopathic manipulative medicine.

Location, Location, Location

The residency program is located at Cape Fear Valley Medical Center. Training is offered in internal medicine, emergency medicine, obstetrics and gynecology, general surgery and family medicine (through SR-AHEC). Transitional year slots are also available for physicians still deciding on a specialty.

With the program's launch, Cape Fear Valley has become a major teaching facility like its urban counterparts at Duke University, University of North Carolina and Wake Forest University.

Wallace says it costs about \$1 million to train every new physician in North Carolina. It's a steep price tag, but also a relative bargain considering what physicians give back to their community.

John Kauffman, D.O., Dean of Campbell University's Jerry M. Wallace School of Osteopathic Medicine, says an influx of young, new physicians would be a godsend for the region. He points out North Carolina already had four medical schools before Campbell's, yet the state still has a physician shortage.

Population-wise, North Carolina ranks ninth in the nation, but comes in 24th in primary care providers per capita. The numbers add up to too few primary care providers, especially in rural areas.

"Most everything east of I-95, except Pitt County, is a doctor-desert," Kauffman said. "The good thing for these new residents is that there will be lots of job opportunities once they complete their training."

More than 1,100 medical students applied for residencies at Cape Fear Valley this year and 300 were brought in for interviews. This year's residency class has just 32 physicians, but the number will grow in coming years, according to Donald Maharty, D.O., Vice President of Medical Education at Cape Fear Valley.

"It'll go a long way in meeting the community's needs," he said, "if just 15 or 16 of these residents stay and become a part of the community."

Some of them are from as far away as Washington state and Arizona. Others graduated from Campbell University's medical school, like Matt Walker, D.O. The OB/GYN resident knew he would apply for Cape Fear Valley's residency program while still in medical school.

He did rotations at Cape Fear Valley Medical Center and immediately felt comfortable with the hospital and staff. His wife is a Fort Bragg soldier, which only reinforced his decision to do residency here. The couple recently moved from Sanford to Fayetteville to be closer to work.

Dr. Walker also spent time in the military. He served as a medical services officer, allowing him to work alongside physicians and surgeons on the battlefield. Some of them even allowed him to assist with surgeries.

Now that he's in residency, Walker's days start at 5:30 a.m. and end around 5:30 or 6 p.m., with routine weekend call. But Walker isn't complaining.

"It's much more calm and enjoyable now," he said, "because I'm doing more elective procedures. And OB/GYN patients are usually a lot happier. And don't forget the babies."

Paul Sparzak, D.O., is the OB/GYN residency program director. He signed on to help teach the program, despite an already busy schedule. He likes to teach and the idea of helping train a new generation of doctors intrigued him.

"I just remember how hard and tough my own residency was," he said. "But I learned a lot about patient care, and used that to help me in my own career."

The OB/GYN program has just three residents this year, but will eventually expand to 16. That means Dr. Sparzak will have to set aside even more time to teach, but he isn't concerned.

“It’s really about finding a work balance,” he said, with a shrug and a chuckle. “One of the things you learn from residency is how to manage everyday life.”

Rick Stone, D.O., is quickly realizing this. The internal medicine resident is married with three kids, meaning he’s always busy. The Utah native recently relocated his family from Arizona after being accepted into the residency program.

He said moving to Fayetteville was an easy decision because of how family-friendly the area is. Good schools, great weather and an extremely low cost of living were all pluses.

Dr. Stone was especially pleased to learn how inexpensive homes were here. He bought a new four-bedroom home near Methodist University, because he plans on sticking around a while. Lucky for him, the house is close to the new Interstate 295 outer loop. It allows him to get to work in no time.

“I was always looking for a good place to raise a family,” he said. “This place is a perfect mix of things.”

Tough Road Ahead

Being comfortable with their new surroundings will be important for the new residents. They will live and work here for the next three to five years, depending on their specialty.

General surgery residents must train five years before they can operate on their own. Some drop out of the field, because the training is so demanding. But it’s tough for a reason, according to Kelly Van Fossen, D.O., General Surgery Program Director.

“You have people’s lives in your hands,” she said, “so you have five years to prepare for the rest of your life.”

Rachel Dellehunt, D.O., a general surgery resident and Campbell University medical school graduate, knew this before she arrived. But she’s finding her training to be more enjoyable than hectic so far.

“The hours are long, but they don’t feel long for me,” she said. “It feels like they fly by, because I’m enjoying residency so much.”



With the launch of the residency programs, Cape Fear Valley has become a major teaching facility like its urban counterparts at Duke University, University of North Carolina and Wake Forest University.



The New York native is already assisting surgeries and meeting with patients at her office at Ferncreek General Surgery. She said doing residency in Fayetteville was the right decision, because the city is turning out to be an unexpected microcosm of all the things that can go wrong in the human body.

She uses gall bladder problems as an example. Many of the cases she's seen so far were so bad they required open surgery. Minimally or noninvasive procedures are the norm for most gall bladder cases.

"I think Fayetteville, in general, has a lot of sicker patients," Dr. Dellehunt said. "It's unique to have to do open surgery, in this day and age, but it provides good training."

Chris Benton, D.O., is getting a good glimpse into that microcosm, as well. The emergency medicine resident spends his days treating a wide variety of patients who arrive at Cape Fear Valley Medical Center's Emergency Department.

"I haven't seen anything too crazy yet," he said. "But working here, you definitely get to do a lot of procedures residents elsewhere wouldn't normally do. I'll be getting some good training."

Dr. Benton grew up in Morganton. It's a small, rural town near the sprawling Pisgah National Forest, just east of Asheville. His mother also works in healthcare, so he kind of knew he would end up in the field.

He went to school to become an EMT but decided to go back and get his medical degree after shadowing osteopathic physicians in his hometown. After graduating from Campbell University, he chose to do residency with Cape Fear Valley's Emergency Department because it was in state and it never sees a dull moment.

That's a considerable understatement. The facility is among the 10 busiest emergency departments in the nation, with more than 135,000 visits a year. It is also a state-designated Level-III trauma center, so it takes in critically injured patients from across southeastern North Carolina.

Ryan Starr, D.O., another emergency medicine resident, says it's certainly the busiest E.D. he's come across. He's already seen his fair share of traumatic snowmobile crashes, frostbite injuries and wilderness accidents while working emergency departments in Alaska and Washington. But nothing really prepared him for Cape Fear Valley.

"It's a totally different world down there," Dr. Starr said. "I'm just getting to the point where I'm not being overwhelmed with all the action. It's organized chaos every day, but every day is a new experience."

The Alaska native's improbable journey to Fayetteville started while working in Nome, one of the most remote places on Earth. He was doing an emergency medicine rotation at the time, but his mind was far, far away. He dreamt of performing brain surgery in a much larger city, where the ground beneath his feet wasn't frozen tundra.

But over time, he came to know the residents of Nome and their desperate need for more doctors like him. So he changed his residency preference to emergency medicine right before graduating medical school.

With people like Dr. Starr and the rest of his new residency colleagues, Cape Fear Valley's goal to train the next generation of rural doctors is almost certainly guaranteed.



A big part of physician training is learning how to treat patients over time. There's no better way to do it than with real patients.

Cape Fear Valley recently opened two new Continuity Clinics so internal medicine residents can get their practice time. Located in Fayetteville and Dunn, the clinics not only help train residents, but also benefit the community.

Patients who come to the clinics need ongoing care, but don't have a family physician or primary care physician. These patients typically have chronic, long-term conditions, such as diabetes, hypertension, obesity, heart disease and musculoskeletal problems.

Residents at the clinics take a holistic approach toward medicine, incorporating both traditional medical techniques and osteopathic manipulative treatment (OMT). The latter is hands-on care, using the hands to diagnose, treat and prevent illness or injury.

Thomas Motyka, D.O., is Outpatient Clinic Coordinator at the Internal Medicine Continuity Clinic, located at Health Pavilion North. He said OMT encourages the body's natural tendency toward self-healing to increase.

"The manipulation is unique to osteopathic physicians," he said. "We're doing real hands-on manipulation instead of just relying on shots and medication."

Dr. Motyka goes on to say OMT is an ideal treatment option for patients suffering from muscle or joint problems, as well as internal problems, such as asthma and abdominal reflux.

Patients can be referred to the clinics by a hospital, emergency department or by self-referrals. Each is taken on by a resident who ultimately becomes that patient's primary care physician.

"The idea is for the residents to build up a patient panel and then treat them over several years," said Jonathan Bridges, Senior Medical Education Coordinator with the Dunn Residency Continuity Clinic at Harnett Health. "That way, residents get better training and it also helps the patient."

Bridges says the clinic has been a hit with local patients who are already asking to be referred to specific residents.

Stefany Fuentes, D.O., understands the demand. She's taken on a number of referrals during her short time at the Health Pavilion North location. She's finding many of the patients require extensive medical attention.

The Texas native admits her patient load can be daunting at times, but it's good training. Besides, Dr. Fuentes and her clinic colleagues don't seem to mind too much.

"I'm staying pretty busy," she said, "but I'm also learning a lot."



Taking Patient Care to a New Level

Pharmacy residents provide patients with more proactive healthcare

For Brittany Spitznogle, Pharm.D., the best part of her work has always been interacting with patients.

She loved her job as a retail pharmacist, but always found herself wanting to be more involved in direct patient care. So when she learned about a new pharmacy residency program specializing in ambulatory care settings, she jumped at the chance to apply.

The program is through Cape Fear Valley Health and Southern Regional Area Health Education Center (SR-AHEC), which have jointly offered a pharmacy residency program since 2007. But up until now, the program always focused on acute care in the hospital setting.

The program now offers a second track that focuses on outpatient settings, such as physician offices. And no one is more excited about the new addition than Spitznogle.

“Pharmacists can make an impact on improving patient outcomes,” she said. “I’m confident this program will help me further my skills and prepare me for a career as a well-rounded clinical pharmacist.”

The original residency program started out small. It launched with just one resident the first year. The number eventually grew to two a year. Today, the program has four residents per year, with two enrolled in the inpatient track and the other two in the outpatient track.

“The only difference between the two is what residents focus on during the year,” said Susan Miller, Pharm.D.,

MBA, BCPS, CDE, FCCP, Pharmacy Residency Director and Director of Pharmacotherapy Education at SR-AHEC.

Acute care residents work mainly in the hospital. They perform patient rounds with physicians and medical residents. Ambulatory care residents focus on work in the health system’s clinics.

The acute care track requires rotations in infectious diseases and internal medicine. Ambulatory care residents work with geriatric patients at Senior Health Services. They also train with the health system’s Community Paramedic Program and Accountable Care Organization, visiting patients in their homes and providing medication assistance.

Both tracks require a pharmacy administration rotation – inpatient pharmacy administration for the acute care residents, outpatient pharmacy administration for the ambulatory care residents – as well as teaching experiences, a research project, service commitment and various elective rotations.

Erika Hauenstein, Pharm.D., was drawn to the program’s service commitment and ability to make a difference in people’s lives while still in training. Residents work one night a week at the CARE Clinic’s downtown pharmacy, which caters to the uninsured.

“My sister was sick and in and out of the hospital a lot, when I was younger,” Hauenstein said. “The physicians helped, but it was really the pharmacist that improved her quality of life.”

Expert Advice

Pharmacists play a vital role in healthcare, but it's often misunderstood and underappreciated. Dr. Miller says patients should turn to pharmacists more because of their drug expertise.

"I spend 50 percent of my time," she said, "working with physicians while rounding in the hospital, advising both physicians and patients, about the appropriate use of medications and identifying possible drug-related problems."

Her acute pharmacy residents learn to do the same, while the ambulatory care pharmacy residents learn to provide medication expertise within numerous Cape Fear Valley clinics. They train under the guidance of Autumn Middleider, Pharm.D., BCPS, CPP, the program's Ambulatory Care Track Residency Coordinator.

"The residents primarily focus on patient care in a clinical setting," she said. "They participate in patient work-ups for Medicare annual wellness visits, look for potential gaps in therapy, and provide preventative health maintenance recommendations to providers."

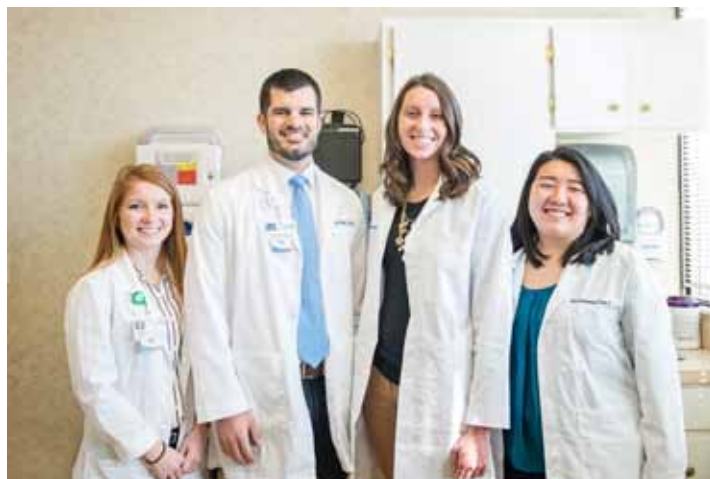
The residents also provide medication therapy management, disease state education and device training for patients.

Dr. Miller says the residents may look like students to patients, but they are not students at all. That's because medical schools require residency. Pharmacy schools do not.

"These residents are graduates of pharmacy school," Dr. Miller said, "who could go out and practice pharmacy anywhere. But they've decided to continue their education in order to open doorways to more clinical-based or nontraditional pharmacy careers."

Glenn Thorp, Pharm.D., is pursuing a future in pharmacy administration. He hopes the additional training will expand his clinical knowledge and let him take on more responsibility within his career field.

"The new ambulatory care track offers endless opportunity for growth and responsibility," he said. "We get to work in clinics that have never had a pharmacist. With my interests in quality improvement, chronic care management and pharmacy practice advancement, it's a great opportunity."



Reina Shimoazono, Pharm.D., is on the Acute Care Pharmacy Residency track. She hopes to land a job in pharmacy informatics after her training ends. She is currently working on a project that uses a clinical alert system to avoid overprescribing antibiotics to pediatric patients.

"I'm the tech guru of the bunch," Shimoazono said, "so it's a good fit for me."

Applying to get into the residency program is extremely competitive. Roughly 60 people apply each year and just four are accepted. There are plans to expand the program, however.

A new community-based residency will soon be added where residents will work with community pharmacies, such as Center Pharmacy in downtown Fayetteville, or Pavilion Pharmacy at Health Pavilion North. Not coincidentally, many of the program's former residents stay on to work at Cape Fear Valley Health.

Chris Tart, Pharm.D., is the Vice President of Professional Services at Cape Fear Valley. He says the plan is to hire more residents in the future, even if it means creating positions within the health system's clinics.

"We have more pharmaceutical influence at these locations," he said. "We get more one-on-one time with patients."

The plan fits perfectly with the health systems' goal to be more proactive in patient care and improving patient care quality for everyone. By using Cape Fear Valley-trained pharmacists in various settings throughout the hospital and community, the health system is better able to aid patients in using medication properly.



:: by Donnie Byers

CHANGING THE NAME *and the game*

Cape Fear Valley EMS is now
Cape Fear Valley Mobile Integrated Healthcare



CAPE FEAR VALLEY

MOBILE *integrated* HEALTHCARE

CUMBERLAND COUNTY EMS

HOKE COUNTY EMS

COMMUNITY PARAMEDIC PROGRAM

*life*LINK SPECIALTY CARE

*life*LINK AIR

Name changes aren't easy in healthcare. They become synonymous with services, so changing them can lead to confusion by the public. But changes do happen and are often necessary.

Cape Fear Valley EMS recently underwent a name change of its own and is now called Cape Fear Valley Mobile Integrated Healthcare (MIH). The longer name doesn't quite roll off the tongue like the old one, but it is far more fitting.

Once focused on ambulance transport, the 350-person department now has a hand in everything from community mental health to flying helicopters at the health system.

The shift from its original mission was necessary to meet the constantly changing needs within the healthcare industry, according to Brian Pearce, Vice President of Facilities and EMS at Cape Fear Valley Health.

"We're not just an ambulance service taking patients to the hospital anymore," he said. "We're providing healthcare services integrated into a much larger healthcare picture."

The decision to change names didn't come lightly. It required approval by the Cumberland County Board of Commissioners and Cape Fear Valley Board of Trustees and then a year to fully implement. The health system quietly began rebranding its fleet of 50 ambulances and 20 support vehicles last summer.

To the casual observer, the new logos may seem almost out of place where EMS logos once adorned. Pearce is confident the public will quickly adapt to the new name, however. Besides, he said, only the name changed, not the patient care quality.

The department's paramedics have become a growing presence within the health system. They now work directly with everyone from primary care physicians and pharmacists, to laboratory technicians and mental health professionals.

They've also become a proactive workforce under Cape Fear Valley's Community Paramedic Program. Launched in 2015, it was created to reduce readmission rates among pneumonia, chronic obstructive pulmonary disease (COPD) and heart failure patients, in particular.

Heart failure patients are often discharged from the hospital, only to be quickly readmitted after failing to properly care for their condition at home. Studies show numerous readmissions for heart failure complications can greatly increase the risk for death.

"A lot of patients don't know how heart failure affects their body," said Suzanne King, AAS, CP-C. "We work with them to better understand not only their disease, but also their medication and the community resources available to them so they can better seek out treatment."

King is Cape Fear Valley's Community Paramedic Coordinator. She has a staff of seven full-time paramedics who work in Cumberland, Hoke, Robeson, Bladen, Sampson and Harnett counties.

The paramedics go to discharged patients' homes to provide routine check-ups. They also provide on-the-spot medical care and medication reviews if needed. Think of the visits as modern-day house calls.

The new role is almost ironic, considering paramedics have historically rushed patients to the hospital. But the changing healthcare industry places a bigger emphasis on preventive care.

As a result, Cape Fear Valley has begun using community paramedics to also conduct direct outreach clinical services (DOCS) stops in the community. These events, more commonly known as pop-up clinics, provide free healthcare screenings to the masses.

The clinics typically last a day or less and are often accompanied by a large ambulance trailer equipped with health assessment rooms. People can take screening tests inside, learn their results, and then speak to a paramedic or other clinician about their results.



lifeLINK

Despite public perception, Cape Fear Valley has long offered critical care patient transport to and from other hospitals under the LifeLINK name. But the service fell under Cape Fear Valley EMS' larger service line because it used specialty ambulances.

Staffed by critical care paramedics and nurses, the vehicles are intensive care units on wheels, able to transport patients quickly and safely to their destination. As impressive as they are, LifeLINK's new medical helicopter is an even more capable patient hauler.

The sleek-looking Airbus H135 is a virtual representation of everything Cape Fear Valley Mobile Integrated Healthcare stands for. It's fast, well equipped, and always ready for its next mission. Sporting twin Pratt & Whitney turbine engines, it can fly a crew of three and patient up to 173 mph, high above any burdensome delays of everyday street traffic.

Cape Fear Valley has been airlifting critically ill and injured patients for more than 30 years. But the health system has never technically owned or operated its own helicopter service until now.



That's because flying helicopters is a major investment in time and resources. The health system finally committed last year, because it wanted to use its own staff aboard flights. Flight crews determine what kind of treatment protocols and patient care standards are used while transporting patients.

For the record, Med-Trans Air Medical Transport, a private helicopter transport company in Dallas, Texas, owns the new helicopter and leases it to the health system, taking some of the cost out of the venture.

Brian Langston is LifeLINK Director. He says having a helicopter service allows Cape Fear Valley to extend its reach into communities already served.

"Operating our own helicopter helps keep local patients local," he said, "which is our ultimate goal."

The helicopter went into operation in early October, flying several trauma patients to Cape Fear Valley Medical Center the first week. Sharp-eyed observers might have noticed Cape Fear Valley corporate colors and logo adorning the aircraft, and then realized the health system has its own chopper now.

That makes Pearce happy.

"MIH means mobile," he said, while cracking a smile. "That includes helicopters, because we're not just driving patients to the hospital anymore."

:: by Donnie Byers





One Disease, Various Paths To Recovery

Treating breast cancer is a different process for every patient

When actress Julia Louis-Dreyfus announced earlier this year she had breast cancer, it stunned loyal fans and casual observers alike.

The “Veep” and “Seinfeld” actress used her Twitter account to simply say: “1 in 8 women get breast cancer. Today I’m the one.” The 11-word revelation quickly shifted national attention back onto an issue that rarely strays too far from the spotlight.

Breast cancer is the most common form of cancer among U.S. women. It’s also the second deadliest behind lung cancer. This year, more than 250,000 new breast cancers will be diagnosed and more than 40,000 women are expected to die from the disease.

As disconcerting as the numbers are, they used to be far worse. Death rates actually declined 40 percent between 1989 and 2015, according to a recent American Cancer Center study. Prior to that, the death rate rose 0.4 percent every year between 1974 and 1989.

The marked decline in deaths is attributed to increased awareness about the disease, earlier detection through mammography, and better treatment. All three have helped save more than 320,000 lives during the past 30 years.

The advancements in treatment are especially significant, considering surgery used to be the only option. But newer and lesser invasive treatments, such as radiation therapy and chemotherapy, have emerged as supplemental options.



Our primary goal is to treat breast cancer, but we're also very mindful of a woman's cosmetic and overall satisfaction as a patient.

– Elizabeth Sawyer, M.D.

Louis-Dreyfus, 56, responded well to two rounds of chemotherapy following her diagnosis, giving hope to countless others battling the disease. But experts warn that the comedic actress' treatment regimen is all her own. There is no universal blueprint to tackling breast cancer, only individualized treatment.

Most treatments start with some kind of surgery to remove any cancerous tumors. Depending on the type and stage, the patient may also need chemotherapy, hormone therapy or radiation treatments to completely rid their body of cancer. The additional procedures might occur before surgery, after or both.

"Everyone's case is different," said Elizabeth Sawyer, M.D. "The type of tumor, any risk factors and family history all come into play when we, as medical providers, take any approach toward treating cancer."

Dr. Sawyer is an oncology breast surgeon with Village Surgical Associates. She has nearly 20 years of surgery experience, as does her operating room colleague, Juan Ortiz, M.D., with Triangle Plastic Surgery Center. Together, they offer breast cancer removal and reconstructive surgery to area breast cancer patients.

The duo understands breast cancer surgery is a life-changing decision, so they go to great lengths to explain the surgery process and options to patients. In turn, patients can voice any concerns before making a final decision.

"Our primary goal is to treat breast cancer," Dr. Sawyer said, "but we're also very mindful of a woman's cosmetic and overall satisfaction as a patient."

Surgery

There are two basic types of breast cancer surgery: lumpectomy and mastectomy. Lumpectomies are always preferred, if possible, because they remove just the tumor and a small healthy portion of nearby tissue. The remaining breast remains intact.

Mastectomies essentially remove the entire breast, as well as the nipple and areola in most cases. But there are less invasive variations, such as nipple-sparing mastectomies.

Like the name implies, this procedure removes the entire breast except the nipple. Reconstructive surgery can then be done to recreate the breast using implants and the saved nipple.

“Implant based reconstructive surgery is very similar to breast augmentation,” Dr. Ortiz said. “The original breast tissue may be gone, but we can use the remaining breast skin to recreate the breast.”

Sometimes remote-controlled gas inflatable tissue expanders can be used instead of implants. The devices allow patients to slowly stretch out the reconstructed breast tissue themselves before the final stage of the reconstruction.

Another reconstructive option is TRAM flap surgery. TRAM stands for transverse rectus abdominis muscle, which is a muscle in the lower abdomen between the chest and pubic bone. A flap of the skin area, nearby fat, and all or part of the underlying abdominis “six-pack” tissue is used to recreate the breast.

TRAM flap surgery has been around for a while and is often chosen because TRAM tissue is very similar to breast tissue. The downside is that it requires cutting through muscle, leading to an additional scar and healing time.

Lumpectomies typically have much shorter recovery times and require smaller incisions. Dr. Sawyer, a certified hidden scar surgeon, uses the smallest incision possible, depending on tumor size and location. Incisions can be made under the breast lobe, around the nipple areola, or in the armpit area.

Another reconstruction option is autologous stem cell transfer, also called fat grafting. The relatively new technique uses liposuctioned fat from other parts of the body and injects it into breasts that have undergone mastectomies.

Some consider fat grafting safer because it doesn’t involve major surgery and uses fat harvested from the patient’s own body. But research data is incomplete because the procedure is so new. The technique is based on the principles behind stem cell therapy.



Fat tissue contains more than just fat. It also contains stem cells that can grow into other types of tissue. Transplanting these specialized cells into the breast not only recreates a soft and natural appearance, but also promotes natural regrowth of fat tissue.

Fat grafting takes about 1.5 hours, since the harvested fat must be thoroughly washed through a centrifuge process while the patient is still on the operating table. The biggest complaint patients have is discomfort in the area where the donated fat is taken.

Whether simple mammography or major surgery, patients requiring breast care needn’t feel alone or overwhelmed. Louis-Dreyfus made it a point to tell fans she had supportive family and friends to help her through treatment. Cape Fear Valley Breast Care Center can help local patients, as well.

Angie Syphrit, RN, OCN, CBCN, a certified Breast Health Navigator, provides everything from case management and education to treatment and service coordination, making it easier for patients and their families during their treatment journeys.

And patients have the option of receiving treatment at any of Cape Fear Valley’s three Cancer Centers: the Cape Fear Valley Cancer Treatment and CyberKnife Center on Owen Drive, the Cape Fear Valley Cancer Center at Health Pavilion North on Ramsey Street, or Cape Fear Valley Cancer Center at Harnett in Dunn.

To learn more about Cape Fear Valley’s Breast Health Navigator program, contact Angie Syphrit at (910) 615-6944.



we're
**MAKING
ROUNDS
LIVE!**



Cape Fear Valley
Health takes to the
airwaves on WIDU

WIDU 1600 AM



:: by Ginny Deffendall

A healthy community is a strong community, which is why Cape Fear Valley Health has partnered with WIDU 1600 AM Radio to launch, *Making Rounds Live*.

The talk show broadcasts live every second and fourth Tuesday of the month. Its goal is to educate as many adults as possible about various health topics.

Making Rounds Live is the brainchild of Cape Fear Valley Community Outreach Coordinator Darvin Jones and WIDU General Manager Sandy Cookman. Jones had great success doing live, call-in health segments at the station in the past, so Cookman offered him his own talk show.

The offer made sense since WIDU's mission is to provide its listening audience with information with inspiration.

"*Making Rounds Live* fits perfectly with our mission," Cookman said, "because you can never have too much information. And Cape Fear Valley has a lot of great programs, so we have the medium to get their message out."

The show has already covered a variety of topics during its short time on air, including diabetes, stroke and blood donation. Future topics will include heart disease, cancer treatment and even more about diabetes, since the metabolic disorder has become a worldwide epidemic.

"If we save one life by giving information, we've accomplished our mission with this radio show," Cookman said.

Jones and his wife, local radio personality Omega Jones, host the show, interviewing guests from the healthcare field. They have already interviewed members of the Cumberland County Health Department, United Way, and Community Health Intervention and Sickle Cell Agency.

The couple's goal is to promote health wellness and available community resources. Mr. Jones says to expect more outside-the-box healthcare topics, such as a regular segment called "Awkward!"

"We'll talk about all the embarrassing topics," he said, "from bad breath to stinky feet, because these things can often signal serious, underlying health conditions."

One thing listeners won't hear on the show is overt Cape Fear Valley advertising. The health system sponsors the show, but it's not a Cape Fear Valley commercial, according to Omega Jones.

"It's about providing a toolkit for the community," she said. "If you don't go to Cape Fear Valley, go *somewhere*. We just want people to be aware of what to look out for."

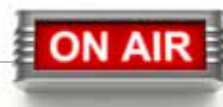
Listeners may recognize Mrs. Jones' name and voice. She's the voice talent behind Cape Fear Valley Health's ongoing Take Charge Of Your Health public service radio spots. *Making Rounds Live* is essentially an extension of those health messages.

Mrs. Jones became an active voice for public health after she and her family were affected by conditions, such as diabetes, breast cancer and heart disease.

"There's just so many topics to cover," she said. "None of this really hit me until my husband was diagnosed with diabetes. We just want to keep people alive and well and out of the hospital."

Mr. Jones said to expect future shows to focus on diseases that affect the community.

Response from the show has been overwhelmingly positive. Listeners are encouraged to call in and ask questions. They can also participate in the conversation on Cape Fear Valley's Facebook page or Twitter (@capefearvalley).



Tune in to Making Rounds Live on the second and fourth Tuesday of each month, from 11 a.m. to noon, on WIDU 1600 AM in Fayetteville.

Born to be Mild

This Harley rider is always
ready to hit the road for his
next two-wheeled adventure

:: by Donnie Byers

As senior attorney at his own law firm, Michael Boose spends his days arguing in court or cooped up in his office looking over case files for hours on end. But truth be told, he'd rather be outside on his Harley.

The avid motorcyclist lives to ride and looks for every opportunity, including leisurely commutes to work. On Wednesdays, he'll even ride to the office wearing his trademark seersucker suit, regardless of the dead bugs he may have to scrape off of it later.

"It's an excellent tradeoff," Boose said with a sheepish grin.

The willingness to poke fun at himself is definitely a byproduct of all his seat time. Studies show that people who ride motorcycles to work are way happier than their car-driving counterparts.

Boose rides a beautiful Harley-Davidson Ultra Limited cruiser, replete with trademark hard-luggage suitcases attached to each side. The suitcases are just the thing for carrying important court documents or emergency rain gear, should a storm cloud suddenly pop up.



Harley owners have a reputation for going overboard when it comes to accessorizing their bikes. Boose chuckles and admits he's upgraded his bike a time or two. His has cruise control, heated grips and even aftermarket air-ride suspension, to help take the edge off all the miles he puts in.

His bucket list helped him get into the sport. Boose had wanted a bike for years but kept putting it off. He finally caved and bought one to ride with friends down to Myrtle Beach for Bike Week. He was hooked the second he swung his leg over his new cruiser and fired up its rumbling V-twin engine.

Now he often finds himself riding to some far off destination with little to no planning. He and his friends pick a random eatery or mom and pop restaurant in some distant corner of the state and jokingly ask each other "why haven't we eaten there yet?"

When the laughter ends, they hit the road for up to weeks at a time. They can proudly say they've ridden at several of the nation's most popular two-wheeled destinations. They include Daytona Florida Bike Week, the Tail of the Dragon in North Carolina, and the famed Sturgis Bike Rally in South Dakota.

The friends even started their own riding club called the "Mild Hogs." The name is a humorous play on the 2007 comedy movie "Wild Hogs," starring John Travolta, Tim Allen and Martin Lawrence.

The actors portrayed business professionals who also grew tired of their humdrum lives. So they ditch their responsibilities and take a motorcycle adventure together. Boose and his friends are all for two-wheeled adventure but keep things realistic.

"We don't ride from bar to bar," he said, before starting to chuckle. "We ride from buffet to buffet."

The Fayetteville native has always loved the outdoors, so it shouldn't be a surprise he took to the open road like he has. He and his dad often spent weekends hunting on the backside of Fort Bragg. But it wasn't always good times between the two.

The father and son had an often-strained relationship, due to the father's rigid parenting style. The elder Boose was career military and expected his son to carry himself in a similar manner, even at a young age. The sternness didn't help when it was time for his son to choose a college.

The father was a West Point graduate and wanted badly for his son to follow in his footsteps. The younger Boose had other ideas. He fell in love with East Carolina University



while visiting a friend and eventually declined an appointment to the military academy.

That's just the kind of person he is. Boose makes up his mind and quietly sticks to his decision, whether it's choosing transportation or path into adulthood. That same determination helped him win a seat two years ago on the Cumberland County Board of Commissioners as a Republican.

Friends told him winning would be impossible if he didn't run as Democrat, since the county is overwhelmingly blue. But Boose proved them wrong, winning in pretty easy fashion. He's the first Republican to sit on the board in more than a decade.

His campaign platform revolved around being honest with voters and being accessible to all his constituents, not just those living inside the city limits. The platform must have struck a chord, since he garnered more votes than any other candidate in the race.

But he's no stranger to politics. He previously served 18 years on the Cumberland County Board of Education. He says he lasted so long in that seat because he didn't have an agenda. He just wanted the county school system to be the best it could be so kids like his own could get ahead.

His five children are all grown now. Each attended four-year public universities, including UNC, East Carolina, UNC-Wilmington and Appalachian State University. All that education adds up to a lot of college tuition money over the years.

But the father isn't complaining, or at least not a lot.

"You'd think I would've gotten at least one free season ticket pass to one of these schools by now," Boose said. Then he breaks out into laughter again.

Free football tickets would be just the thing for an avid motorcycle enthusiast always eager for his next road trip – even if he does know where he's going this time around.

CAPE FEAR VALLEY HEALTH : *NEWS briefs*

Umoja Festival Health Fair

Cape Fear Valley's Take Charge of Your Health Program held its annual Umoja Festival Health Fair in August. The free event drew hundreds of attendees who were interested in obtaining free health screenings, therapeutic massages and physician consultations. Medical residents from Cape Fear Valley's new medical residency program were on hand to offer the consultations. The health fair is held every year in conjunction with the Umoja Festival, which celebrates the history and culture of African Americans.



Cape Fear Valley Honored For Umoja Work

Dorothy Fielder, President of the Umoja Group, recently presented Cape Fear Valley CEO Mike Nagowski a plaque for bringing health and wellness to the annual Umoja Festival. The annual event not only celebrates African-American history and culture, but also promotes better health and awareness in the community.



LifeLink Air Conducts Practice Drills

Cape Fear Valley Health's new medical helicopter conducted training exercises in September before making its formal debut later in the month. Operating under the LifeLink Air name, the custom Airbus H135 chopper replaces the health system's previous medical helicopter, which was operated by Carolina Air Care. The new helicopter practiced simulated rescue flights from Hoke Hospital in Raeford to Cape Fear Valley Medical Center. The vehicle's mission is to help transport critically ill or injured patients from across the region to the nearest, most appropriate hospital. Outfitted with twin turbine engines, it will be able to carry two crewmembers and a patient upwards of 173 mph.

State Officials Honored for Healthcare Work

Cape Fear Valley honored N.C. Rep. John Szoka and N.C. Sen. Wesley Meredith for their work to bring a new medical residency program to the health system. Both men were presented Cape Fear Valley's On Point Award, which recognizes people outside the health system who go above and beyond to help Cape Fear Valley Health fulfill its mission. Rep. Szoka, a Fayetteville Republican, is a retired U.S. Army Lieutenant Colonel and represents House District 45. Sen. Meredith, also a Fayetteville Republican, is a landscaping business owner and represents Senate District 19.



Jack Britt Primary Care Groundbreaking

Cape Fear Valley held a groundbreaking in August for its planned primary care facility near Jack Britt High School. Located in the Rockfish Commons shopping center, the facility will be a permanent replacement for Hope Mills Family Care. The previous facility was irreparably damaged during Hurricane Matthew. That practice's care providers have been working at Cape Fear Valley Hoke Hospital in Raeford until their new office could be built. Planners estimate an early spring completion date.



Hoke Family Groundbreaking

Cape Fear Valley held a groundbreaking in September for Hoke Family Medical Center's replacement facility. The new clinic building will be built on the same property as the existing medical office, which was built in 1988. The new office will be 4,500 square feet and have nine exam rooms and one procedure room. It will also use pod workstations and ultra-modern mechanical and electrical systems to improve efficiency and reduce energy costs. Construction is expected to be completed by Fall 2018.

we're here for you...

Cape Fear Valley Health and Campbell University's Jerry M. Wallace School of Osteopathic Medicine have partnered to open the state's newest medical residency program. Based in Fayetteville, the program's goal is to train physicians to live in and work in rural communities in North Carolina. Some of the residents joined Cape Fear Valley at community events in Bladenboro, Eden, Bethel, Swansboro, Rutherfordton and Yadkinville to provide free health screenings.





CAPE FEAR VALLEY HEALTH : **NEW physicians**

Anesthesiology

Kailash Chandwani, M.D.

Cumberland Anesthesia Associates

Pain Medicine: University Hospital – Case Medical Center, Cleveland, Ohio

Anesthesiology: University of Arkansas, Little Rock, Ark.

Medical Degree: Sindh Medical College, Karachi, Pakistan

Board Certification: Anesthesiology, Pain Medicine

Gastroenterology

Sushma Venugopal, M.D.

Cape Fear Center For Digestive Disease

Gastroenterology: Maimonides Medical Center, Brooklyn, N.Y.

Internal Medicine: Coney Island Hospital, Brooklyn, N.Y.

Medical Degree: Kempegowda Institute of Medical Sciences, Bengaluru, India

Board Certification: Internal Medicine, Gastroenterology

Cardiology

Amudhan Jyothidasan, M.D.

Cape Fear Cardiology Associates

Interventional Cardiology: Medical College of Georgia, Augusta, Ga.

Cardiology: University of Massachusetts, Worcester, Mass.

Medical Degree: Jawaharlal Institute of Postgraduate Medical Education & Research, Pondicherry, India

Board Certification: Internal Medicine, Cardiology and Echocardiography

Debbie Wright-Thomasson, M.D.

Ferncreek Cardiology

Cardiology: Texas Tech University Health Sciences Center, Lubbock, Texas; Indiana University, Indianapolis, Ind.

Internal Medicine: Texas Tech University Health Sciences Center, Lubbock, Texas

Medical Degree: University of Texas Medical Branch, Galveston, Texas

Board Certification: Internal Medicine, Cardiology



Hospitalists

Sandeep Kumar Chand, M.D.

Cape Fear Valley Hospitalist Group

Internal Medicine: East Tennessee State University Quillen College of Medicine, Johnson City, Tenn.

Medical Degree: Tribhuvan University, Kathmandu, Nepal

Board Certification: Internal Medicine



Ingrid Calliste, M.D.

Cape Fear Valley Hospitalist Group

Nephrology: Winthrop University Hospital, Mineola, N.Y.

Internal Medicine: Winthrop University Hospital, Mineola, N.Y.

Medical Degree: St. George's University, Grenada, West Indies

Board Certification: Internal Medicine, Nephrology

CAPE FEAR VALLEY HEALTH : *NEW physicians*

Hospitalists continued...

Pongsathorn Kue-A-Pai, M.D.

Cape Fear Valley Hospitalist Group

Fellowship: University of Alabama, Birmingham, Ala.

Internal Medicine: Bassett Hospital, Cooperstown, N.Y.

Medical Degree: Mahidol University, Bangkok, Thailand

Board Certification: Internal Medicine



Ravi Kumar Metai, M.D.

Cape Fear Valley Hospitalist Group

Internal Medicine: Queens Hospital Center/Mt. Sinai Icahn School of Medicine, Jamaica, N.Y.

Medical Degree: Liaquat University of Medical and Health Sciences, Sukkur, India

Yunxiang Zhu, M.D.

Cape Fear Valley Hospitalist Group

Internal Medicine: MacNeal Hospital, Berwyn, Ill.

Medical Degree: Tongji Medical University, Wuhan, China

Hematology & Oncology

Hui Chen, M.D.

Health Pavilion North Cancer Center

Hematology & Oncology: Brookdale University Hospital, New York, N.Y.

Internal Medicine: NYU Lutheran Hospital, New York, N.Y.

Medical Degree: Sun Yat-Sen University of Medical Sciences, Guangzhou, China

Board Certification: Internal Medicine



Medical Oncology

Mikhail Vinogradov, M.D.

Health Pavilion North Cancer Center

Oncology and Hematology: East Carolina University/Pitt County Memorial Hospital, Greenville, N.C.

Internal Medicine: East Carolina University/Pitt County Memorial Hospital, Greenville, N.C.

Medical Degree: Samara Medical School, Samara, Russia

Board Certification: Oncology and Hematology

Nephrology

Montish Singla, M.D.

Carolina Kidney Care

Nephrology: New York Medical College/Metropolitan Hospital Center, New York, N.Y.

Internal Medicine: New York Medical College/Metropolitan Hospital Center, New York, N.Y.

Medical Degree: Maulana Azad Medical College, University of Delhi, New Delhi, India

Board Certification: Internal Medicine, Nephrology

Obstetrics and Gynecology

Otto Umana, M.D.

Cape Fear Valley OB/GYN

Obstetrics & Gynecology: New Hanover Regional Medical Center/UNC, Wilmington, N.C.

Medical Degree: University of Benin, Benin, Nigeria

Board Certification: Obstetrics and Gynecology





Otolaryngology

Deidra Blanks, M.D.

Fayetteville Otolaryngology Head and Neck Surgery

Facial Plastic and Reconstructive Surgery:

University of Missouri – St. Johns Mercy Hospital, Columbia, Mo.

Otolaryngology: University of North Carolina, Chapel Hill, N.C.

Medical Degree: East Carolina University Brody School of Medicine, Greenville, N.C.

Board Certification: Otolaryngology, Facial Plastic and Reconstructive Surgery

Pediatric Critical Care

Richard Cartie, M.D.

Cape Fear Valley Pediatric Inpatient Service

Pediatric Critical Care Medicine: Children's Hospital Los Angeles, Los Angeles, Calif.

Pediatrics: Pitt County Memorial Hospital, Greenville, N.C.

Medical Degree: University of Rochester, Rochester, N.Y.

Board Certification: Pediatrics, Pediatric Critical Care

Pediatric Dentistry

Jordan Murphy, D.M.D.

Southern Smiles Pediatric Dentistry

Pediatric Dentistry: Children's Hospital of Pittsburgh of UPMC, Pittsburgh, Penn.

Dental Degree: University of Pittsburgh School of Dental Medicine, Pittsburgh, Penn.



Podiatric Medicine

Austin Matthews, D.P.M.

Cape Fear Valley Foot and Ankle Center

Podiatry: Henry Ford Macomb Hospital, Clinton Township, Mich.

Medical Degree: Midwestern University Arizona School of Podiatric Medicine, Glendale, Ariz.

Phillip Ward, D.P.M.

Cape Fear Valley Foot and Ankle Center

Foot and Ankle Surgery: Podiatry Associates of Winston-Salem, Winston-Salem, N.C.

Podiatry: Baltimore Veterans Affairs Medical Center, Baltimore, Md.

Medical Degree: Des Moines University, Ses Moines, Iowa

Board Certification: Podiatric Medicine, Foot and Ankle Surgery

Psychiatry

Sree Latha Krishna Jadapalle, M.D.

Community Mental Health Center

Child and Adolescent Psychiatry: University Hospitals Cleveland Medical Center, Cleveland, Ohio

Psychiatry: Morehouse School of Medicine, Atlanta, Ga.

Medical Degree: Kurnool Medical College, Kurnool, India

Board Certification: Psychiatry, Child and Adolescent Psychiatry

CAPE FEAR VALLEY HEALTH : **PHYSICIAN** *briefs*

Khalid Aziz, M.D.

Khalid Aziz, M.D., was appointed to the faculty of Campbell University School of Osteopathic Medicine as Assistant Professor of Medicine. For an appointment, please call (910) 484-7722.

Naveed Aziz, M.D., was appointed to the faculty of Campbell University School of Osteopathic Medicine as Assistant Professor of Medicine. For an appointment, please call (910) 436-0424.



Andrea Dickerson, M.D.



Lakshmi Gordon, M.D.

Andrea Dickerson, M.D., and **Lakshmi Gordon, M.D.**, of A Woman's Place in Fayetteville, have retired from obstetrics after many years of delivering babies. Their practice will be limited to gynecology. For an appointment, please call (910) 484-9020.



Lokesh Marigowda, M.D.

Lokesh Marigowda, M.D., of Cape Fear Valley Palliative Care, has earned Hospice Medical Director board Certification by the Hospice Medical Director Certification Board (HMDC). There are fewer than 1,000 HMDC certified physicians in the U.S. Dr. Marigowda is also board certified in Hospice and Palliative Care by the American Board of Medical Specialties.



Dominic Storto, D.O.

Lokesh Marigowda, M.D., of Cape Fear Valley Palliative Care, has earned Hospice Medical Director board Certification by the Hospice Medical Director Certification Board

Dominic Storto, D.O., has relocated his practice, Highland Surgical Associates, to 1565 Purdue Drive, Suite 101B. For an appointment, please call (910) 491-1188.



Roxie Wells, M.D.

Roxie Wells, M.D., has been appointed to the American Hospital Association's (AHA) Committee on Clinical Leadership. Dr. Wells is President of Hoke Healthcare and Bladen Healthcare. Her AHA committee appointment is through December 2018, with an option to serve for three more years. The committee provides clinical input to the AHA advocacy and public policy process, serves as a clinical resource on policy issues, and guides the organization's Physician Leadership Forum.

CAPE FEAR VALLEY HEALTH SUPPORT *for the* Community

Mended Hearts of Fayetteville

Second Thursday of each month
6 – 7:30 p.m.
Cape Fear Valley Rehabilitation Center
Auditorium, Room B.
(910) 615-6580

Defibrillator Support Group

Meets quarterly, 6:30 – 8 p.m.
Cape Fear Valley Education Center,
Carolina Room, 3418 Village Drive
(910) 615-8753

Scleroderma Support Group

Third Saturday of each month
10 a.m. – noon
Medical Arts Center, Room 106A,
101 Robeson St.
(910) 308-9792 or (910) 237-2390

Stroke Support Group

Third Wednesday of each month
3 – 4 p.m.
Cape Fear Valley Rehabilitation Center
Physical Therapy Gym
(910) 615-4344

Spinal Cord Injury Support Group

First Monday of each month
3 – 4 p.m.
Cape Fear Valley Rehabilitation Center
Patient Cafeteria
(910) 615-4051 or (910) 615-6066

Alzheimer's Caregiver Support Group

Third Tuesday of each month
2 – 3 p.m.
Medical Arts Center
101 Robeson St., Suite 106
Sam Hutchinson at (910) 615-1633

Arthritis Support Group

Fourth Monday of each month
(except February, July and December)
7 – 8 p.m.
Cape Fear Valley Rehabilitation Center
Auditorium, Room A
Stacia Britton at (910) 615-4078

Bereavement Support Group

First and third Thursdays
Noon – 2 p.m.
Cape Fear Valley Hospice and Palliative
Care
1830 Owen Drive, Suite 203
Call (910) 609-6710

this is MORE *than a bag of* BLOOD.

This is a father being able to walk his daughter down the aisle.

This is a grandmother being able to kiss her first grandbaby.

This is a teenage girl being able to go to prom.

This is a child being able to laugh and play at the park.

***give* LIFE. *give* MEMORIES. *give* BLOOD.**



**CAPE FEAR VALLEY
BLOOD DONOR CENTER**

SAVING LIVES *locally* : 910 615-LIFE





Better. Faster. Le\$\$.

QUIK⁺CARE
at ROBESON



Valley
Regional
Imaging

When you need a doctor fast, think QuikCare. QuikCare offers treatment of minor illnesses and injuries for a primary care co-pay. That's less than you'll pay at the ER or at most other urgent cares.

No appointments ever – come in at your convenience. And if you need an x-ray, Valley Regional Imaging is right next door. QuikCare and VRI – Better. Faster. Costs Less.

Opening January 8

Monday – Saturday, 7 a.m. to 7 p.m.

(910) 370-0900 : 588 Bailey Road, Lumberton