

cahaba

MEDICAL CARE



2013-2014 ANNUAL REPORT

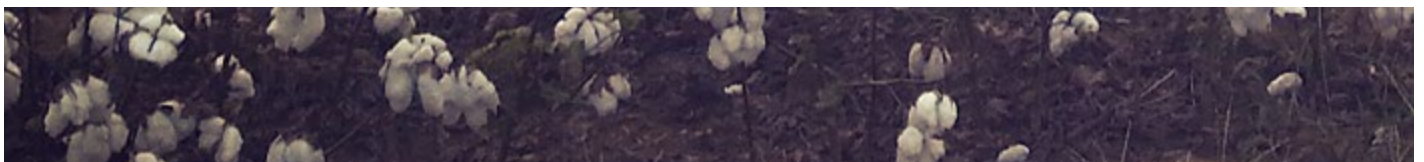


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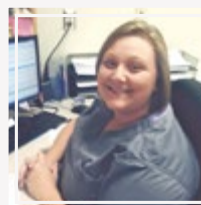
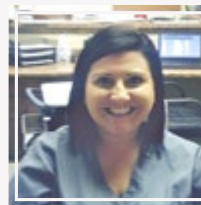
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called to make a difference in the health of our community

WHO WE ARE

Cahaba Medical Care is a community health center and a patient centered medical home located in Centreville, Alabama, that provides comprehensive primary care services including treatment and management of chronic diseases; pediatric care; women's health services; dermatological services; sports medicine services; mental healthcare and more.

Additionally, we have the technology and staff to perform on-site procedures such as x-ray, ultrasound, laboratory tests, and echocardiograms and womens health procedures. We currently have 13 healthcare providers, two social workers, and a team of nurses and medical assistants whose job it is to assist our patients in becoming healthier individuals.

SERVING THE UNDERINSURED & UNINSURED

Cahaba Medical Care provides high-quality health services regardless of a patient's ability to pay. We offer a discounted, sliding fee scale based on income and family size. How are we able to do this? Through a rigorous process, we have earned the designation of federally qualified health center (FQHC). This gives us special considerations from the federal government in the form of grants and reimbursements.

WHAT IS A FEDERALLY-QUALIFIED HEALTH CENTER?

The purpose of an FQHC is to enhance the primary care services in underserved communities, in particular for the underinsured and uninsured. FQHCs operate under the supervision of the Health Resources and Services Administration (HRSA) and play a crucial role in the health of our entire country. In 2013, more than 27 million patients were served at 1,202 centers nationwide. In the state of Alabama there are 14 FQHCs that serve 330,401 patients.

To qualify as an FQHC, an organization must meet and maintain certain criteria as mandated by the federal government including but not limited to:

- Serve an underserved area or population as defined by HRSA.
- Provide services to everyone regardless of ability to pay.
- Offer a sliding fee discounted scale for charges based on income and family size.
- Provide comprehensive services including primary care and have onsite or an arrangement with another provider for dental, mental health and substance abuse services.
- Operate under the governance of a community led board of directors.



CHIEF EXECUTIVE OFFICER //// DR. JOHN WAITS

Cahaba Medical Care was established as a comprehensive family medicine clinic in 2004. From the time of the clinic's inception, we made the decision to never turn away a patient from care because of lack of insurance or inability to pay. We held to this mission of caring for the poor and uninsured through the years of the recession when unemployment in Bibb County jumped from 3 percent up to 15 percent. We held to this mission for eight years despite increasing numbers of patients who found themselves without insurance or the ability to pay their copays but who still needed care. In this environment and in an effort to find a way to continue providing care for those with significant access to care barriers, we decided to pursue a grant in 2010 to transition CMC, my private practice, into CMC, a nonprofit community health center. The grant was awarded to us in 2012 causing CMC to convert from a typical for-profit rural family medicine outpatient clinic into a federally qualified health center (FQHC) serving both Bibb and Perry Counties.

As an FQHC, Cahaba Medical Care now has increased resources to care for

all patients despite their socioeconomic background. Two Social Workers who assist patients with insurance enrollment, patient assistance, transportation to out of town appointments, and dental referrals and assistance for patients without dental insurance needing preventative or urgent dental care. The clinic now has a larger clinical team including a registered nurse who also serves as the quality improvement officer (QIO), a licensed practical nurse (LPN) with ten years of experience caring for patients at CMC, and a team of eight medical assistants who assist the CMC providers in caring for our ever growing patient panel.

Also, as an FQHC, Cahaba Medical Care has a discounted fee program that allows for all patients who claim financial hardship to be able to apply to pay a discounted rate for their physician visits, labs, procedures, and xrays done within the clinic. This is available for all patients, including those with or without insurance, allowing the medical team at CMC to take the best care of any patient who presents for care without causing a large financial burden on the patient. If services are needed outside of the facility,

the Social Work team works with the providers to help the patient navigate patient assistance at other facilities including the local rural hospital, Bibb Medical Center, as well as some of the tertiary referral hospitals including DCH Regional Medical Center and the UAB Hospital system.



Dr. Waits with Dr. Aleksandra Murawska (PGY-1) and Jamie Bishop (OSM-III) during an ER call

Since the time of CMC's conversion from a private practice to an FQHC, the clinic has grown from 1935 unique patients and approximately 8600 patient encounters per year in 2012 to 2220 unique patients and over 11000 encounters per year in 2013. We are proud of this growth and only expect it to continue.

Other landmarks in 2013 include transitioning to a larger facility on the Bibb Medical Center campus that allowed for continued expansion both in staff and in number of patients served each day; CMC welcoming its inaugural family medicine residency class (Cahaba Family Medicine Residency) to Centreville; CMC welcoming two new faculty physicians - Dr. Corey Mayer and Dr. Shelley Waits to the practice; and CMC hosting year one of its Longitudinal Integrated Curriculum (LIC) for third year medical students from the Alabama Medical Education Consortium (AMEC).

All of these achievements have been done under the governance and leadership of CMC's community board composed of eleven local community members (that we are extremely grateful for) who remain committed to trying to make our FQHC into a place that loves and serves our community while providing high quality and efficient healthcare.

We are excited about the potential and the continued growth of our clinic. We think we are only scratching the service of what can be accomplished in this county with continued support and partnership of local



partners like Bibb Medical Center and others. And we look forward to continuing to care for the local people of Bibb and Perry Counties in a way that makes an impact on individuals as well as the community health as a whole.

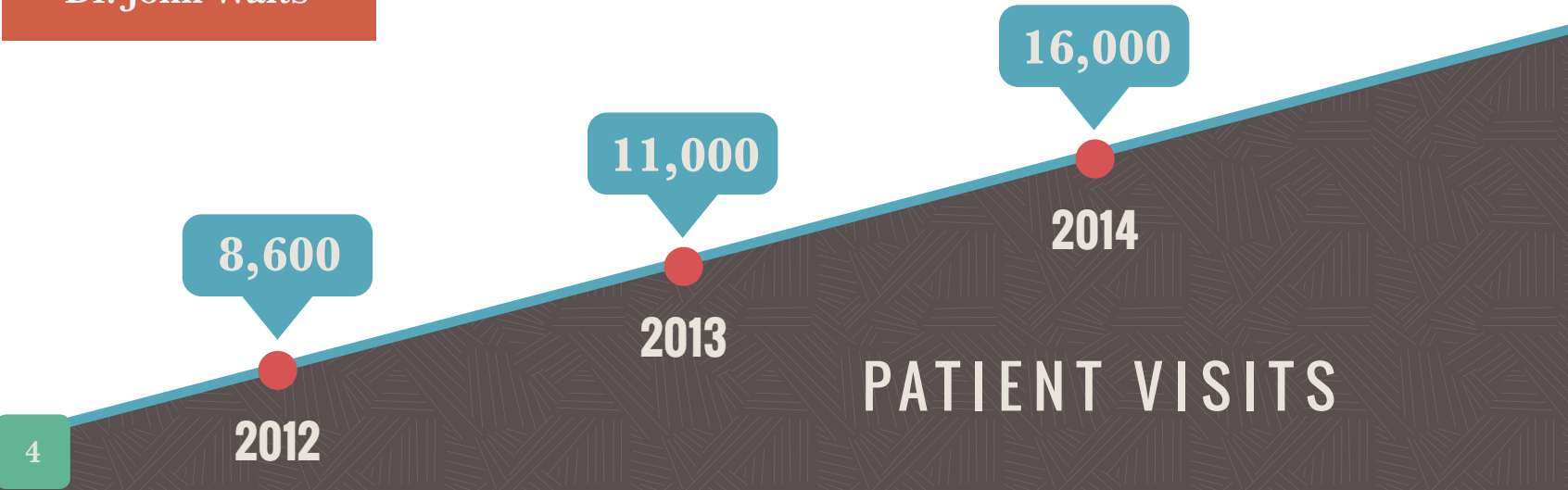


Dr. Waits with (from left to right) Dr. Andreia White (PGY-1), Brianna Kendrick (OSM-III), Erin Wagner (OSM-III), and Jamie Bishop (OSM-III) during an advocacy trip to Washington D.C. for the Teaching Health Center program funding



Ashley Lowe, Medical Assistant

From the time we opened in 2004 we made the decision to never turn away a patient due to inability to pay. We have held to our promise even when unemployment in the area went from 3% to 15% and more patients found themselves without insurance.
—Dr. John Waits



SERVICES

Preventative Health Services

- Pap Smears
- DEXA Scans
- Colonoscopy
- Adult Immunizations

Chronic Disease Management

- Diabetes
- High Blood Pressure
- High Cholesterol
- Heart Disease

Pediatric Care

- Well Child Checkups
- Immunizations
- Sick Visits
- Circumcision

Women's Health Services

- Obstetrics
- Prenatal Care and Ultrasound
- Delivery at DCH Regional
- Birth Control
- Management of Abnormal Pap Smears

On-site Procedures

- X-ray
- Ultrasound
- Lab
- Fracture Care (casting and splinting)
- Joint Injections
- Cardiac Treadmill Testing

Dermatology/Skin Care

Sports Physicals and Department of Transportation Physicals

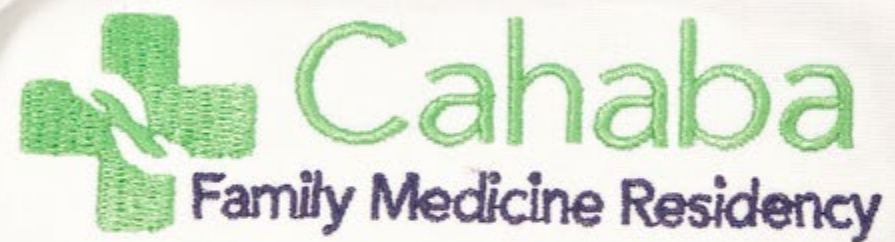
Mental Health Care

Nursing Home Care at Bibb Medical Center Nursing Home

Hospital Care at Bibb Medical Center and DCH Regional



The Cahaba Medical Care staff and providers after a CenteringPregnancy (group prenatal care visits) workshop



A SPECIAL THANKS TO OUR COMMUNITY & ACEDMIC PARTNERS

Bibb Medical Center
Dr. John Meigs
Dr. Lata Patil
Dr. John Hollis
UAB Hospital System
UAB Medical West
West Central Alabama AHEC
Alabama Statewide AHEC Program
Alabama Family Practice Rural Health Board
Children's Hospital of Alabama
Alabama Medical Education Consortium
William Carey University College of Osteopathic Medicine
Alabama College of Osteopathic Medicine
Philadelphia College of Osteopathic Medicine

Serving the Bibb and Perry County communities since 2004, our mission is to provide quality primary and preventative healthcare for families in our area
- all ages, all conditions
- regardless of ability to pay



A MEDICALLY UNDERSERVED AREA IS A COMMUNITY WITH:

- Low Primary Care Physician to Population Ratio
- High Infant Mortality Rate
- High Percentage of Population Living Below Poverty Level
- High Percentage of Population over Age 65



Benefits of Patient-Centered Medical Home Model:

- Higher Quality Care
- Lower Costs
- Improved Patient Experience
- Improved Provider Experience

WHAT DOES PATIENT-CENTERED MEDICAL HOME MEAN?

Cahaba Medical Care is a National Committee for Quality Assurance (NCQA) Level 3 Patient-Centered Medical Home (PCMH). This means we subscribe to and practice a care delivery model where we put patients at the center of care and then surround each of them with a multidisciplinary team headed by their chosen primary care physician.

Our interdisciplinary team including physicians, physician assistants, nurse practitioners, nurses, and social workers is able to coordinate treatment and services and help patients navigate the healthcare system while providing a broader scope of clinical expertise.



THE PRINCIPLES OF A PCMH:

- Patient-Centered – a partnership between the patient and provider, where the culture, values, and preferences of the patient are respected.
- Comprehensive – physical, spiritual, social, and emotional care that includes prevention, wellness, acute and chronic care.
- Coordinated – care is organized across all spectrums and settings, including subspecialty care, inpatient care, outpatient care, and radiology services.
- Accessible – shorter wait times, after hours care, 24/7 electronic or telephone access to a provider.
- Committed to Quality and Safety – quality and safety measures are in place and monitored.

At Cahaba Medical Care, we have a genuine desire to make a difference and we are committed to improving the health and wellness of the people who share our community.



From left to right: Sharon Hope, JoAnn Toby, Matthew Satcher, MD, Cynthia Winegard, Darlene Holifield, Josh Cottingham (treasurer), Eleita Kinard (secretary), Mary Sue Terry. Not pictured are Thelma Horton (chairman), Megan Sonnier, Kenneth Young (vice-chairman), Ann Sheppard.

“As a member of the Cahaba Medical Care Foundation board, I feel that the clinic is not only a wonderful asset to the communities of Brent and Centreville, but to Bibb County and the surrounding counties that have an opportunity to use it. I am honored to be a part of this cutting edge facility and I am excited to help bring more new opportunities to the community in the coming months. Both the staff and the board have a vision for what we would like to see be added in the way of additional programs to better serve the people in the area.”
- Eleita Kinard, Secretary, Board of Directors

MEET OUR BOARD

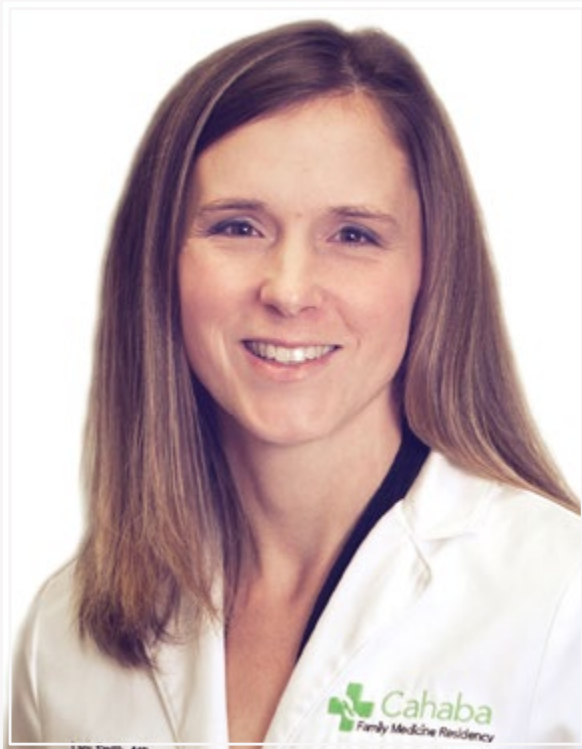
*Not Just Community Leaders
– But Patients Too*

Because Cahaba Medical Care is a Federally Qualified Health Center, it is governed by an eleven member Board of Directors who are not only active members and leaders of our community, but the majority are also active patients of the clinic. We feel this ensures that the “boots on the ground” leadership of Cahaba Medical Care, including the CEO, CMO, and COO, have monthly access to users of the clinic and members of the community as a way of receiving timely feedback and direction about areas of potential growth in order to stay current and responsive to the needs of the community. To this effort, the board of directors have monthly meetings with the clinic leadership as well as a yearly strategic planning session. These meetings and the feedback received are used by the clinic leadership to set the annual, 5 year, and 10 year plan for the clinic. The role of the Board of Directors is to provide leadership and guidance related to the mission of the organization while also serving to ensure that the organization is financially solvent and complying by all state and federal regulations.

CAHABA MEDICAL CARE MISSION

Cahaba Medical Care is a local community-based health organization that aims to be an incarnation of love, peace, and justice by guiding our patients through their journey towards physical, mental, and social well-being, and to be a center for transformational medical education and primary care training in a rural and international context, modeling and exhorting the next generation of medical professionals in a career of excellence, conscientiousness, and compassion.

Our mission statement flows from our affirmation that our purpose is to love God and show his glory by walking in the steps of Jesus and ministering the love of Christ.



MEET OUR CHIEF MEDICAL OFFICER DR. LACY SMITH

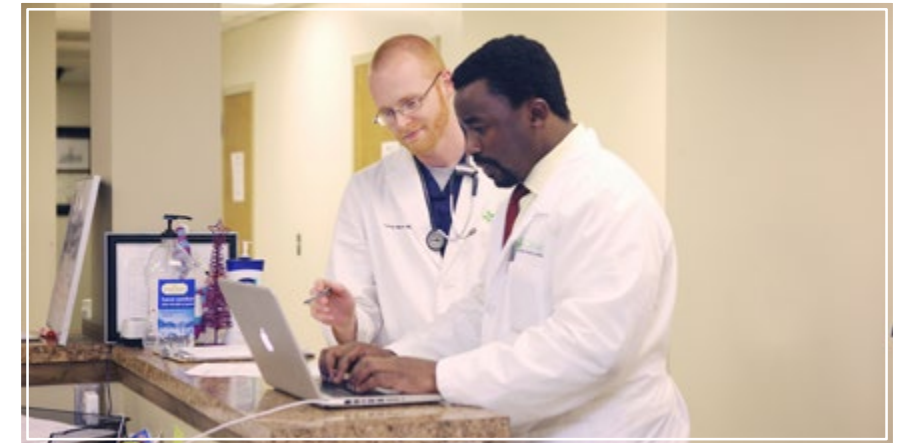
This has been an exciting year for Cahaba Medical Care in many ways that have been meaningful for our patients and the communities of Bibb and Perry Counties.

Since our transition to becoming a Federally Qualified Health Center, our clinical operation has grown from two doctors and one midlevel provider to four board-certified family medicine physicians, one physician assistant, and eight resident physicians. Also the clinical support staff has grown from one LPN and three medical assistants to two registered nurses, one LPN, and eight medical assistants. Finally, the overall staffing at CMC has grown from 11 employees in 2010 to 42 employees in 2014. We also have moved from a clinic with eight exam rooms to a building with 21 exam rooms. What this means for the community is that Cahaba Medical Care is now much better equipped to efficiently and effectively care for many more patients each day.

Evidence of this is that CMC's patient panel has grown from approximately 1,600 patients in 2012 to 2,200 patients in 2013. And throughout 2014, CMC has seen an influx of 60 to 90 new patients every month. We expect this trend only to continue as we look to add four more resident physicians in 2015 and continue to expand the clinical support staff as well.

Other exciting events that have occurred at the clinic and for our patients over the past year included adding a weekly general surgery clinic. Dr. John O. Waits, a general surgeon from Tuscaloosa, has been coming down every Wednesday morning to perform surgical evaluations, wound care, and endoscopy to greatly benefit the entire healthcare community within Bibb County. We are excited about the success of the general surgery clinic and the service it has offered to the patients in Bibb County. Effort is underway towards expanding this service to various other subspecialty physicians including dermatology, Women's Health, and a high-risk pediatric clinic.

"We are excited about expanding services in 2015 — both our clinical operations and the service area."



Dr. Corey Mayer precepting Dr. Olatunde Bosu (PGY-1) in clinic

Finally, CMC submitted its renewal application to the National Committee for Quality Assurance to remain recognized as a Patient Centered Medical Home (PCMH). This recognition was initially granted in 2010 when CMC earned Level 1 status. The entire clinical team has worked hard on this application, headed by Jackie Palmer, RN, QIO and we achieved a three year recognition at Level 3 status - the highest ranking that can be achieved. Now, in an effort to truly improve quality and patient-centeredness, we are working towards a similar PCMH award through the Joint Commission.

As we look forward to 2015, we are excited about what the upcoming year holds. There are visions of expanding clinical operations into other parts of Bibb County and into other neighboring counties. We are looking to partner with Bibb Medical Center to begin expanding the services offered at the local hospital including Labor and Delivery services beginning September 2015. And we will be continually working to improve the quality of care offered to our patients and looking for ways to expand services to further meet the needs of our community. We also hope to continue to identify individuals and community partners willing to work with us to make Bibb County a healthier place to live.

"I have been a patient of the clinic for several years. I have referred both family and friends to the clinic and I have always gotten the best care possible. Other members of my family, including my husband, children and grandchildren have benefited from coming here. Bibb County is blessed to have such dedicated doctors as Dr. Waits and Dr. Smith, who share a vision and have a heart for the residents of Bibb and the surrounding counties. As a small rural community, we have some of the best medical care to be found anywhere."

- Eleita Kinard

CAHABA STAFF



ADVANCED PROCEDURES & TECHNOLOGY

It's Not A Destination — It's A Journey

We understand that technology is essential to delivering quality patient care. We also believe in the vision of a true “comprehensivist” family medicine physician. For this reason, and because of the many barriers to receiving care outside of the county that many of our patients face, we have done everything possible to offer as many services as possible at our facility. Having advanced equipment and procedures offered in-house means a more efficient, coordinated, safer, and more convenient diagnosis and treatment for patients. We are pleased to have the technology and skills to perform procedures that are not always offered in a community our size including:

“I think having the ability to perform so many procedures at the office is mutually beneficial for both the providers and the patients. The providers love the opportunity to provide such a host of services and it is a blessing to our patients to be able to obtain so many services in-house instead of having to travel outside the county to receive their care.”

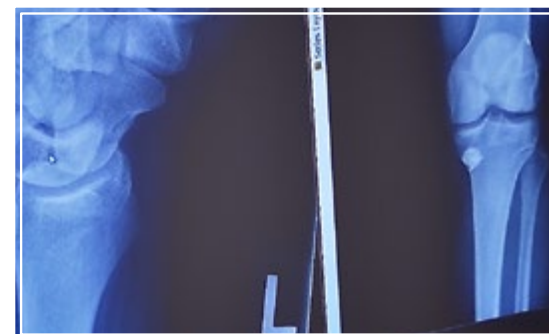
—Lacy Smith, MD



Residents taking part in an echocardiography workshop as part of their residency curriculum



Dr. Waits reading an extremity x-ray with OMS-III, Jamie Bishop



FULL SPECTRUM ULTRASOUND

This diagnostic tool allows our healthcare team to perform almost any type of ultrasound you might need at the office of your primary care doctor.

DIGITAL X-RAY

Instead of having to wait to get your x-rays done at another facility on another day, if you present with symptoms warranting an x-ray, our physicians are able to get the x-ray immediately and interpret it allowing for more efficient diagnosis and treatment.

ENDOSCOPY

All men and women over the age of 50 should have a screening colonoscopy to monitor for colon cancer. Many other patients present with symptoms worrisome for disease in their upper or lower GI system. CMC has three physicians trained in upper and lower endoscopy who can perform this service at the local rural hospital, Bibb Medical Center, (despite insurance status of the patient) in order to provide more efficient and cost-effective care.

ECHOCARDIOGRAM

This is an ultrasound of the heart that helps to evaluate the strength and function of the heart muscle and its valves. This service is also offered at CMC on a scheduled basis in order to prevent unnecessary appointments at a cardiologist's office.

DERMATOLOGICAL PROCEDURES

Skin disorders of one kind or another affect most everyone at some point in their life. CMC's providers all perform shave and excisional biopsies, cryotherapy, and other dermatologic management of skin lesions.

WOMEN'S HEALTH SERVICES

CMC provides comprehensive women's health services including full-spectrum obstetric care with deliveries and cesarean sections occurring at DCH Regional Medical Center. They also provide birth control management including implantable birth control options. Finally, all providers at CMC perform pap smears and select staff is able to manage abnormal pap smears including colposcopy and LEEP.



Dr. Aleksandra Murawksa (PGY-1) and Jamie Bishop (OMS-III) during endoscopy clinic

SPORTS MEDICINE SERVICES

The staff at CMC can assist with numerous musculoskeletal issues including casting and splinting of common fractures and joint injections to help manage pain from osteoarthritis. Our staff provide pre-participation sports exams and sideline care for local high school

STRESS TESTING

CMC has an in-house exercise treadmill stress test for those having symptoms worrisome of heart disease. This allows for beginning testing and treatment to occur at your primary care doctor's office instead of having to wait for an appointment with the subspecialist.



from left to right: John Waits, MD, Lacy Smith, MD, Shelley Waits, MD, Corey Mayer, MD, Not pictured, Ellie Day, PA-C

MEET OUR CLINICAL STAFF

Cahaba Medical Care is staffed by four staff physicians and one physician assistant.

Dr. John Waits, the founder of Cahaba Medical Care (2004), serves as the Chief Executive Officer and program director, as well as maintaining an active clinical practice in family medicine and obstetrics. Dr. Waits went to medical school at the University of Alabama and then completed residency at In His Image Family Medicine residency in Oklahoma. Following residency, Dr. Waits came back to Tuscaloosa where he completed an obstetrics fellowship. Prior to founding Cahaba Family Medicine Residency (CFMR), Waits also served as the Program Director at the Tuscaloosa Family Medicine Residency. Throughout his career, Waits has written numerous articles and grants, presented nationally, and has been a part of several state and national committees in medical, academic, and administrative organizations. Dr. Waits is also active

politically in advocating for Family Medicine and Graduate Medical Education topics.

Dr. Lacy Smith joined Cahaba Medical Care in 2010 and worked with Dr. Waits to transition CMC into an FQHC as well as assisted in co-founding CFMR. Smith now serves as Chief Medical Officer and Associate Program Director and also has an active clinical practice. Smith went to medical school at the University of Alabama and then went to residency at Tuscaloosa Family Medicine Residency. She has also assisted in publishing several national publications as well as helped to successfully write numerous federal and state grants.

Dr. Shelley Waits joined Cahaba Medical Care in 2013 after graduating from Tuscaloosa Family

Medicine Residency and completing an obstetric fellowship, also in Tuscaloosa. Waits is originally from and also attended medical school in Texas. Currently, Waits serves as faculty of CFMR and sees family medicine and obstetric patients at CMC. She has active obstetric privileges at DCH Regional Medical Center and works shifts at Bibb Medical Center in the Emergency Department.

Dr. Corey Mayer joined Cahaba Medical Care in 2013 after graduating from residency in Greeley, Colorado. Mayer was the first graduate of CFMR's obstetric fellowship and now has active obstetric privileges at DCH Regional Medical Center. Mayer is originally from Alabama and attended medical school at the University of Alabama. Currently, Mayer serves as faculty of CFMR and sees family medicine and obstetric patients at CMC. He also works shifts at Bibb Medical Center in the Emergency Department.

GRANTS AWARDED TO CMC IN 2013-2014

- U.S. Department of Health and Human Services (HRSA): Federally-Qualified Health Center (FQHC) (Submitted December 2013; Funded April 2014): \$2,175,114
- March of Dimes Centering grant (Submitted September 2013; Funded February 2014): \$5000
- U.S. Department of Health and Human Services (HRSA): Enrollment and Outreach (Submitted May 2013; Funded July 2013): \$61,156
- U.S. Department of Health and Human Services (HRSA): Teaching Health Center (THC) (Submitted September 2012; Funded November 2012): up to \$1,800,000 (ongoing)
- U.S. Department of Health and Human Services (HRSA): Federally-Qualified Health Center (FQHC) (Submitted December 2010; Funded June 2012): \$1,258,333
- Pending: March of Dimes Lay Maternity Health Worker (Submitted September 2014)

SUBMITTED OR PUBLISHED ARTICLES 2012-2014

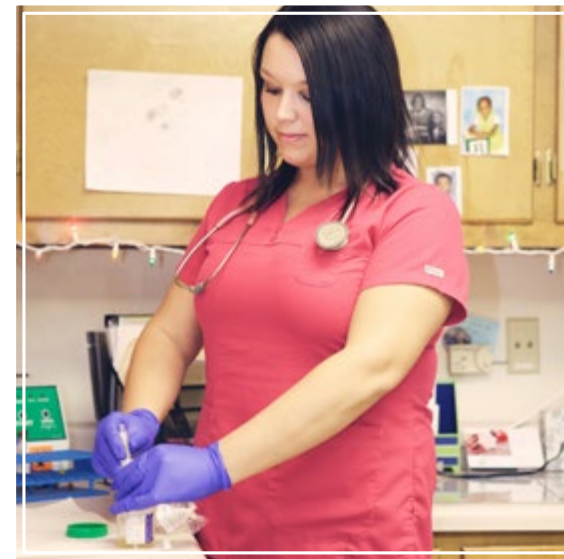
- ACE-I for CHF and Diabetes, Evidenced Based Practice, Accepted 2014 - Dr. Lacy Smith, Dr. Kervin Doctor, Dr. John Waits
- Upper Extremity DVT Anticoagulation, Evidenced Based Practice, Accepted 2014 - Dr. Shelley Waits, Dr. Andrea White, Dr. John Waits, Dr. Lacy Smith
- Symptomatic Peripheral Vascular Disease, Evidenced Based Practice, Accepted 2014 - Dr. Corey Mayer, Dr. Aleksandra Murawska, Dr. John Waits, Dr. Lacy Smith
- Warfarin Therapy in Patients with Atrial Fibrillation, Evidenced Based Practice, Accepted 2014 - Dr. John Waits, Dr. Nathan Way, Dr. Lacy Smith
- "Recognition and Treatment of Venous Stasis, Arterial, Pressure, and Diabetic Foot Ulcers," Residency Curriculum Resource, Accepted 2014 - Dr. John O. Waits, Dr. John B. Waits, Dr. Lacy Smith, Dr. Karen Dixon, PhD
- "Health Care Reform - An Update." AAFP Essentials. 2012 (in print) - Dr. John Waits, Dr. Lacy Smith

IMPROVING QUALITY CARE

For a healthier Bibb and Perry County



Dr. Shelley Waits helping a premedical student from UAB at the delivery station during the fall procedure workshop held at CMC.



Ashlyn Wallace, Medical Assistant.

QUALITY CARE IS PATIENT AND FAMILY CENTERED

Patient- and family-centered care is a core component of quality healthcare at Cahaba Medical Care. Patients and families receive timely and accurate information in a format they will understand. It means that we respect patient and family choices and perspectives, and encourage them to participate in decision making at the level they choose. This partnership between healthcare providers, patients, and their families can lead to better health outcomes as well as increased satisfaction for everyone.

QUALITY CARE IS CONSISTENT

To ensure consistent quality, we use electronic health records that allow each member of the patient's care team to access important medical information quickly, at every visit. We believe that patients, families, and caregivers should have access to our healthcare team at all times. To make this possible, we have implemented additional points of access, including same-day appointments for routine and urgent care; extended hours to 6:00 p.m. for routine and urgent care; and timely clinical advice by phone after hours and when the clinic is closed.

QUALITY CARE IS TEAM-BASED

Rather than a primary care physician trying to handle all aspects of a patient's care, we believe a more effective

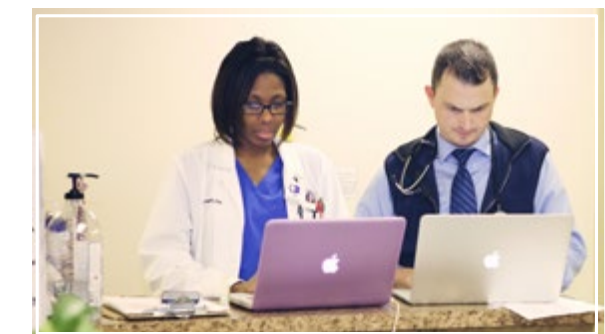
model is a team-based approach utilizing our medical assistants, nurses, social workers, physician assistant, and doctors. Each member of our team plays a role in holistically caring for our patients so they receive the utmost efficient and quality care.

QUALITY CARE IS PROACTIVE

Our goal at Cahaba Medical Care is to improve the health of our region by first improving the health of the patients we care for at CMC. This includes not only medication management but also health education and preventative healthcare. We implemented an electronic health record system in 2004 in which we record and keep current patient health information. In order to be proactive in managing patients' health, we utilize current evidence-based guidelines to identify patients needing preventative care services, immunizations, and chronic disease services. We also take part in population health management by utilizing registries to ensure that different groups of people (diabetics, patients on high-risk medications, patients with abnormal lab results) are being seen as often as necessary and aren't allowed to "fall through the cracks" due to a missed or cancelled appointment.

QUALITY CARE IS MEASURED

To ensure patients at Cahaba Medical Care receive the highest quality care, we are continually engaged in ongoing improvement strategies including tracking, measuring, and evaluating the quality of care we deliver. Both clinical quality of care and patient experience is measured, analyzed, and evaluated for opportunities for improvement. As a Federally Qualified Health Center and a Level 3 NCQA Patient-Centered Medical Home, we are held accountable for delivering quality care as well as required to report our performance data along with our processes for improvement to state and federal government agencies.



Dr. Lena Gamble (PGY-1) working with a visiting medical student from UAB

"Quality Improvement" is not an uncommon term heard around Cahaba Medical Care— especially during Tuesday's quality improvement meetings. The clinical leadership meets to discuss ways to better care for CMC's patients in areas including improving communication, improving wait times, improving access through same-day appointments, patient safety issues, and improving preventative and chronic disease management.

The committee is headed by Jackie Palmer, RN, QIO in conjunction with both Dr. John Waits and Dr. Lacy Smith. There is also community involvement in this committee by having board representation at these meetings to ensure that issues important to the community are being discussed and efficiently handled. This committee also worked on how best to utilize its clinical team – including everyone from the medical assistant, nurse, social work team, physician assistant, and doctors – to best take care of the whole patient.

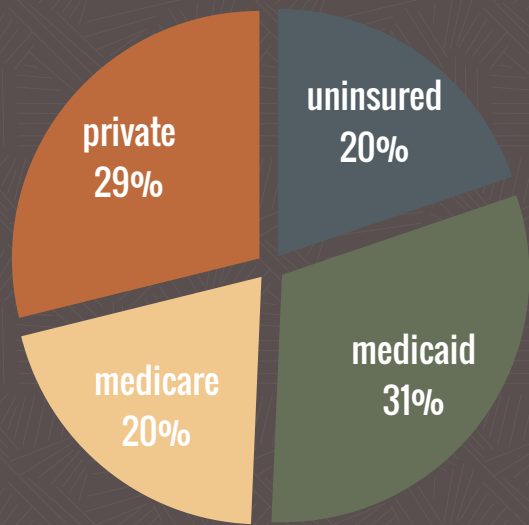
Topics discussed include improving rates of mammograms, pap smears, and colon cancer screenings, improving obesity rates, and decreasing smoking rates among patients. We also monitor the percentage of children who are up to date on their necessary vaccinations, the birth outcomes of all of our pregnant patients, and how well we are controlling chronic diseases such as diabetes and high blood pressure among our patients.

This committee was also responsible for leading, organizing, and writing CMC's recertification application to the National Committee for Quality Assurance (NCQA) to remain a Patient Centered Medical Home. While CMC initially received Level 1 recognition in 2009, because of the hard work and leadership of the Quality Improvement Committee, CMC was recently granted Level 3 recognition by NCQA, which is the highest level that can be granted.

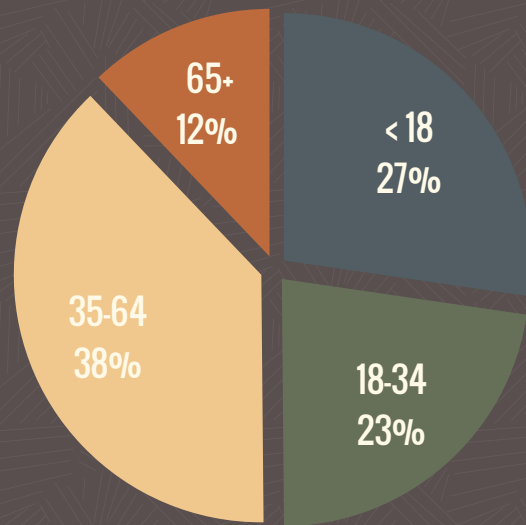
"While there have been numerous obstacles along the way, the Quality Improvement Committee... and the entire clinical team at Cahaba Medical Care... is focused on continuously working to improve all aspects of a patient's experience at CMC. We may not have mastered every area yet, but it is our goal to improve each week in a way that makes a difference to the patient," said QIO Jackie Palmer.

Recently granted Level 3 PCMH Recognition by NCQA - the highest level granted

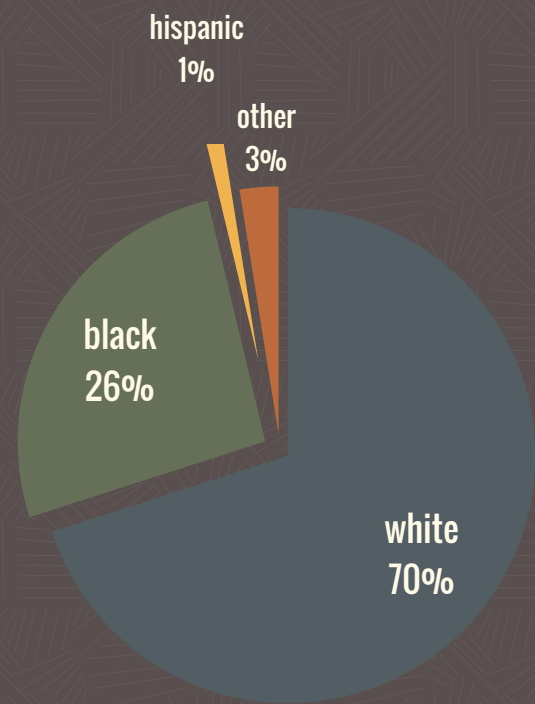
PICTURE OF OUR PATIENTS



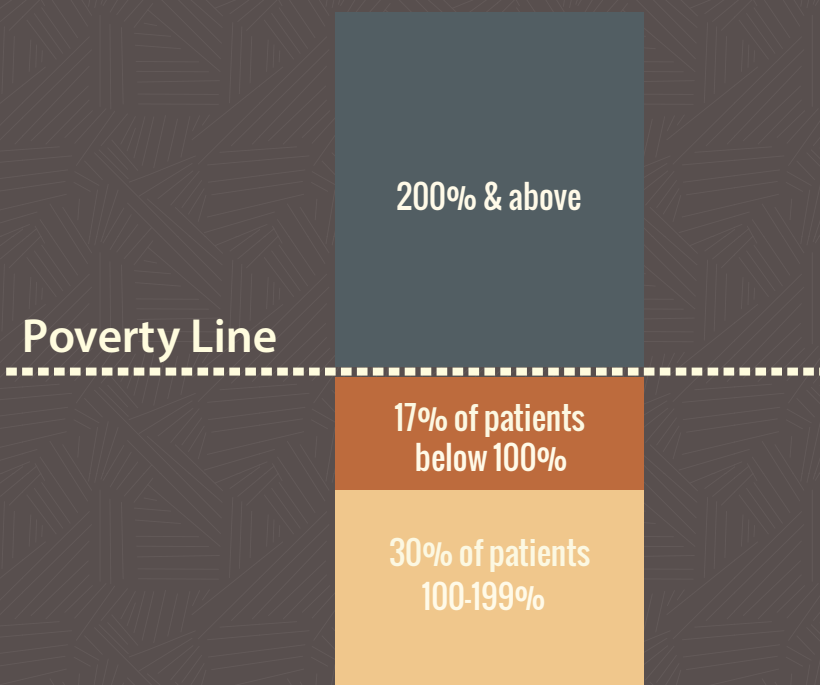
INSURANCE



AGE

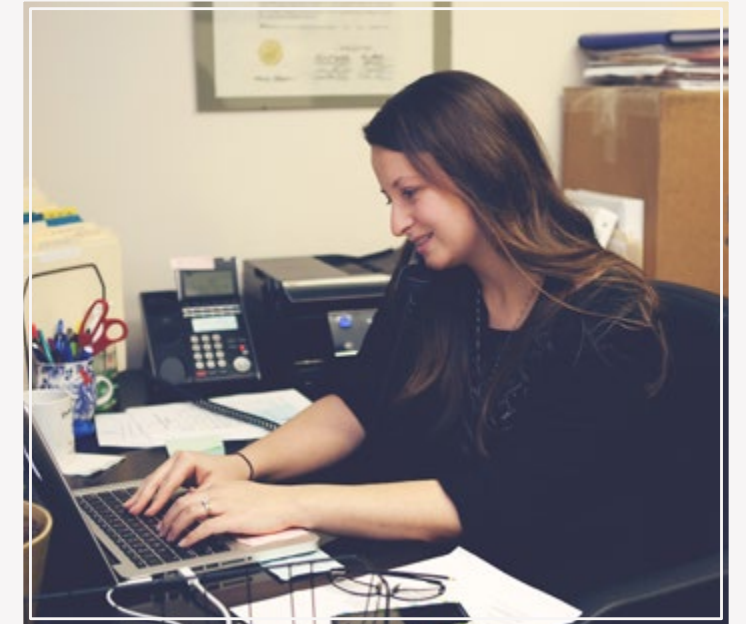


RACE



Poverty Line

POVERTY



MEET OUR CHIEF OPERATING OFFICER KAY COX

WHAT ARE YOUR MAIN RESPONSIBILITIES AS COO AND LEGAL COUNSEL?

“As COO I oversee the daily operations of the clinic – scheduling, provider credentialing, human resources, patient satisfaction. As legal counsel, grant compliance, risk management, and contract negotiations are some of my responsibilities.”

WHAT DO YOU FIND MOST MEANINGFUL ABOUT YOUR WORK?

“I love that I’m here to help facilitate the mission of Cahaba Medical Care. I’m here to help make it happen. My goals and decisions are driven by our mission of providing quality, comprehensive healthcare to the community, while at the same time training the next generation of family practice physicians.”

HOW ARE THE CHANGES IN HEALTHCARE IMPACTING YOUR PROGRAM?

“We now have a full-time outreach and enrollment coordinator whose job is to help patients navigate the exchange and understand their options for health insurance. She can also help our patients with Medicaid

enrollment and completing their application for CMCF’s discount program.

WHAT IS ON THE HORIZON FOR CAHABA MEDICAL CARE?

“A Community Center including a food pantry, clothes closet, after school program, job skills training, and counseling services. Often, the greatest need an individual or family has is not medical; our Social Workers strive every day to help meet those needs, and we hope that the community center will be a powerful tool for them as well as a rich resource for the community. This will be an impactful resource.”

WHO IS KAY COX?

“I went to UA Law School and, before coming here I was Corporate Counsel for a radiology practice. I am grateful every day for the opportunity this position has given me to work hard for an organization with a meaningful mission. What we do impacts lives every day— sometimes in small ways, and sometimes in ways that mean a great deal to the people we have the privilege to serve.”

SOCIAL WORK OFFICE

Caring for the whole person

One of the strengths of Cahaba Medical Care is the Social Work office that works diligently and in tandem with the provider staff to help care for patients in totality – not just their medical needs but also their emotional, social, spiritual, and financial needs.

- The Social Work office is staffed by Brittani Jones, a Licensed Graduate Social Worker (LCSW). Services offered by the Social Work office include:
- Counseling Services - in an effort to meet the significant behavioral and mental health needs within the community, be it for depression, anxiety, or another mental health disorder.
- Insurance Outreach and Enrollment - assist people in enrolling in Medicaid without requiring them to drive out of the county; assist people in enrolling in the federal marketplace of the Affordable Care Act.
- Patient Assistance with medications - for patients unable to afford their medications Jones can often get them for reduced cost or free from the pharmaceutical companies.
- Vital Needs - patients will receive help in locating resources to aid them with a variety of needs such as utilities, food, and housing.
- Dental Voucher Program - preventative cleanings as well as urgent dental care utilizing a dental voucher and partnered with local dental offices, including The Foundry Dental Center in Bessemer, Alabama
- Transportation Program - for patients who have difficulty getting to appointments at CMC, at a subspecialist office, or for a radiology appointment, Jones collaborates with the local hospital's van service to coordinate getting these patients to their needed appointments
- Sliding Fee Discount Program - allows patients whose income is under a certain range to qualify to see a doctor and to receive any in-house laboratory, x-ray, ultrasound, or procedural service at a massively discounted rate. This program is managed jointly between the billing and social work office, but it is the social workers who help patients to properly enroll as well as to help identify other charitable care programs at neighboring hospitals when the needed service cannot be done within Cahaba Medical Care.



“I think both the dental and transportation program have been a big addition to the services the clinic offers... and a blessing to numerous patients who otherwise would have remained miserable with a painful tooth or remained unable to get to an appointment that their doctor thought was necessary,” said Jones. “We are excited about being able to offer these services to the community.”

“We have ways to get patients their needed laboratory services, preventative healthcare services, and doctors’ appointments for reduced cost. It may not be free, but it is going to be a much more manageable cost. We do this to try and make sure all people have access to a doctor without causing a huge financial burden when many people are already making decisions about whether to buy food or medicine each month,” said Dr. Corey Mayer.

COMMUNITY CENTER

A holistic approach to wellness

Cahaba Medical Care set 2014 as the opening date of its community center. Headed by Brittani Jones LCSW, the community center had its grand opening following the first Cahaba Medical Care Watermelon Run 5K, a fundraiser for the community center.

Household items and clothing for all ages and genders are available. CMC will also be offering food staples to patients with financial hardship by partnering with the West Alabama Food Bank. CMC is expecting to have food available for pickup by March 2015.

Currently, Jones is offering job retraining classes for people looking for assistance in getting back into the workplace. CMC has partnered with a local IT specialist, David Culp, to offer beginning computer classes to assist patients in learning basic computer skills including emailing, browsing the web, and using Microsoft Office. Other programs on the horizon include exercise, finance and healthy cooking classes, and counseling sessions.

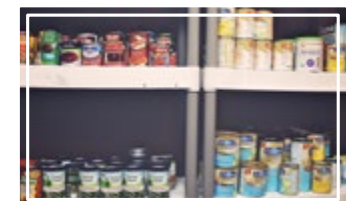
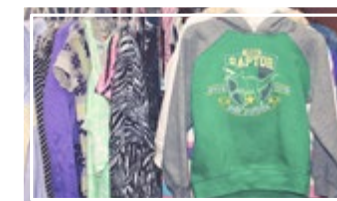
The community center is open as needed for patients and community members with need.



“I think both the dental and transportation program have been a big addition to the services the clinic offers...”

SERVICES

- Food bank,
- Clothing
- Computer skills
- Exercise, Finance, Healthy Cooking Classes
- Job Re-Training
- Bibb County Red Cross Office
- Counseling and Mental Health Services



cahaba

MEDICAL CARE

Cahaba Medical Care was founded.

2004

Rural Training Track Residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME) - a partnership with The University of Alabama.

2008

Designated a Rural Health Clinic - improving access to primary care for the underserved in the area.

2009

Certification as a Level 1 Patient Centered Medical Home by the National Committee for Quality Assurance (NCQA) - an indicator for patients that the facility is well managed and delivers the highest quality health care and service.

2010

Certification as a Federally Qualified Health Center (FQHC) - enhancing primary care services for the underserved in the community.

Received Teaching Health Center status by the U.S. Department of Health and Human Services - a primary care training program to prepare health professionals to serve the health needs of the community.

2012

Approved as a core site for third and fourth year medical students with Alabama Medical Education Consortium (AMEC) and Alabama College of Osteopathic Medicine (ACOM) piloting the state's first Longitudinal Integrated Curriculum (LIC).

Received ACGME and AOA accreditation as an independent rural "4-4-4" Family Medicine Residency program - preparing medical residents to serve the underserved.

2013

NCQA Level 3 Patient Centered Medical Home Accreditation

2014



from left to right: Dr. Keri Doctor, PGY-3, Dr. Olatunde Bosu, PGY-1, Dr. Daniela Rodriguez, PGY-1, Dr. Nathan Way, PGY-2, Dr. Andreia White, PGY-1, Dr. Lenord Burwell, PGY-1, and Dr. Lena Gamble, PGY-1 (not pictured Dr. Aleksandra Murawska, PGY-2)

CAHABA FAMILY MEDICINE RESIDENCY

Alabama's only Teaching Health Center and newest Family Medicine Residency program

Cahaba Medical Care does more than just help make the community healthier— it is also the home of Cahaba Family Medicine Residency (CFMR), Alabama's only Teaching Health Center and the newest Family Medicine residency training program. It is a dually accredited program by the Accreditation Council on Graduate Medical Education (ACGME) and American Osteopathic Association (AOA) that was created to address the state and nationwide shortage of primary care physicians and to train physicians to provide care to those in underserved areas.

CFMR is a three-year rural residency training program. It is a closely mentored, procedurally

heavy program, featuring a three-year longitudinal curriculum that allows a resident to act as a full-spectrum rural doctor in a supervised manner for three years.

“This residency was established to help train those interested in dedicating their life to serving people in an underserved rural, urban, or international location by providing full-spectrum care in a resource-poor area. We believe this best happens if the training is also in a rural resource-poor area while being mentored and taught by family medicine doctors who provide a full spectrum of medical and procedural services to their patients,” said Dr. John Waits, founder and Program Director of the residency program.

Over three years, residents have the opportunity to interact and treat a full spectrum of patients from newborn to end of life, including managing chronic diseases; performing preventative care measures; caring for prenatal patients, homebound patients, and patients with mental health diseases; and learning a broad spectrum of procedures including vaginal and cesarean deliveries, circumcisions, joint injections, casting and splinting of fractures, colposcopy and LEEP, and full-spectrum ultrasound. This curriculum is supplemented with rotations at the UAB Hospital system and Alabama Children's Hospital in the second year in areas including adult medicine, ICU care, inpatient pediatrics, obstetrics and gynecology, and orthopedics.

MAKING A DIFFERENCE IN THE REGION, STATE AND COUNTRY

“There is a healthcare crisis in rural areas of Alabama and the country. Geographic, demographic, and socioeconomic factors severely impact access to healthcare for many living in rural areas including the rural areas we serve in Alabama. There is a higher incidence of chronic diseases including heart disease, diabetes, and cancer in rural areas as well as a larger population of the elderly. To compound the issue, most rural areas in the U.S. suffer from a significant shortage of primary care physicians. Cahaba Family Medicine Residency is working to address these issues by training physicians to care for and work in rural areas either in this country or abroad,” said Dr. Lacy Smith, Associate Program Director.

IT'S PERSONAL AND PROFESSIONAL

Not only does the community benefit from the program, residents participating in the program are impacted as well - both professionally and personally.

“Centreville has been a great place to train,” said first year resident Aleksandra Murawska. “I have experienced true southern hospitality and patients with big hearts while being trained by amazing physicians who have been great mentors to me and my classmates.”

Professionally, residents have the opportunity to learn full-spectrum procedurally heavy family medicine from family medicine doctors. On a more personal level, residents gain satisfaction from living, training and serving in an environment where the care provided makes a substantial impact on their individual patients, the families, and the overall communities of Bibb and Perry Counties.

COMMUNITY BASED

Cahaba Family Medicine Residency is a community-based program with close association to Bibb Medical Center as well as the UAB Hospital system but governed and managed by Cahaba Medical Care Foundation and its local Board of Directors.

1st

Alabama's First & Only Teaching Health Center

12

Family Medicine Residents by July 2015



Dr. Aleksandra Murawska (PGY-2) and Dr. Andreia White (PGY-2) while on call at Bibb Medical Center

Alabama's Only Dually Accredited Family Medicine Residency

Physicians trained in community-based programs are more than twice as likely to work in an underserved area as those trained in university and hospital based programs.

CURRICULAR INNOVATION

Training for Residents Much Like “A Day in the Life of a Rural Doc”

LONGITUDINAL CURRICULUM

The basis of Cahaba Family Medicine Residency’s curriculum is 23 months, spread out over 3 years, of full spectrum family medicine - the longitudinal family medicine experience. During this rotation, residents are exposed to adult medicine, pediatrics, geriatrics, procedures, women’s health, obstetrics, gynecology, sports medicine, general surgery, subspecialty care, and rural / community health. Each day, instead of focusing on only one aspect of what a family medicine doctor can do, a resident is mentored through “a day in the life of a rural doc.”

“We feel by training residents in a rural area by rural doctors, who model what it would look like to do inpatient medicine, outpatient medicine, emergency medicine, obstetrics, and advanced procedures, they will graduate with the confidence to go to another rural, urban, or international setting and provide this same type of comprehensive care,” said Program Coordinator Brittany Shanks.

Most Family Medicine residencies around the country are based on a block rotation system and are located within a university or large hospital setting with easy access to subspecialists. CFMR is also different in that the program, as a free-standing family medicine residency program, is located in a town of only 5,000 people and is utilizing a primary hospital with only 35 beds. However, instead of being a hindrance, this is felt to be a strength.

“If there is a shortage of primary care physicians... and if this shortage is most dramatically felt in rural areas... how much sense does it make to train residents in large cities with any image, lab, or subspecialist at their fingertips and then send them out to rural area at the beginning of their solo practice and expect them to know how to practice when they no longer have all the resources and specialty referrals around them,” said Dr. John Waits, Program Director. “The best way to prepare residents interested in rural medicine is to train them in a rural area and rural hospital.”

ULTRASOUND CURRICULUM

“Medical ultrasound is a vital skill to learn for family medicine physicians, especially those in a rural area. It is a true service to the patients to be able to have this procedure done in the office instead of having to send them to another city,” said Dr. Waits, the creator and primary teacher of the ultrasound curriculum.

Residents are led through a graduated ultrasound curriculum including obstetric, abdominal, vascular, and echocardiography with set goals to be obtained by the end of each residency year. Residents will graduate with a strong foundation in full-spectrum ultrasound as well as a full caseload of ultrasounds to take with them for credentialing at their future practice locations. Additional support for the ultrasound curriculum includes two on-site courses by the National Procedures Institute each academic year on ultrasound or echocardiography.



“One of the primary reasons I chose CFMR was their procedural curriculum including the ultrasound component. I am excited about having the chance to learn ultrasound and then integrate this into my future practice,” said PGY-1 resident Aleksandra Murawska.

CENTERING HEALTHCARE

Centering in healthcare is a model of group health care, where health assessment, education and support are provided in a group setting facilitated by a healthcare provider. “Providers at Cahaba Medical Care are strong believers in Centering Programs. We are strong believers in using Centering to not only give us more time with our patients but also – and more importantly – as a way for patients to build a community and a support group,” said Chief Medical Officer Lacy Smith. CMC has integrated Centering into both its prenatal care as well as its diabetic care with programs called CenteringPregnancy and CenteringDiabetes.

CENTERING PREGNANCY

Prenatal patients cared for at CMC are partnered with five to seven other women with similar due dates and brought in for a group prenatal visit instead of the normal prenatal visit with a provider. During this 90-minute group visit, numerous topics of pregnancy, delivery, postpartum issues, and infant care are discussed. During this time, women are also given time to discuss their concerns, ask questions and share their wisdom, knowledge, and experience.

“With Centering, the patient becomes the teacher. This environment really encourages patients to engage and share in a way that often doesn’t happen in an exam room,” said Brittani Jones, LGSW, and the main facilitator for CenteringPregnancy visits.

“We have been closely following the data behind Centering that shows that this program, when done right, improves birth outcomes. CMC is proud of being one of the only clinics in the state utilizing this program in an effort to improve low birth weight rates, preterm labor rates, and infant mortality,” said Dr. Waits.

CENTERING DIABETES

The Centering concept is also being utilized to improve outcomes and blood sugar control among the clinic’s diabetic patients. These groups are being co-led by Ellie Day, physician assistant, and one of the resident physicians. During the group visits, topics about diet, exercise, treatment, and complications of diabetes are all discussed.

“We will be studying the patients who complete our CenteringDiabetes groups and following their outcomes,” said Jackie Palmer, RN, QIO Quality Improvement Officer. “Our hope is that over time we will begin seeing improvement in their hemoglobin A1c, increases in medication adherence, increases in the level of patient understanding, and decreases in complications related to diabetes.”



Social workers (from left) Nese Morgan, LBSW and Brittani Jones, LGSW meeting with patients and family members.

MEDICAL STUDENT EDUCATION: LONGITUDINAL INTEGRATED CURRICULUM

Along with being the site of Alabama’s newest Family Medicine residency and only Teaching Health Center, CMC also serves as the site of one of the state’s only 12 month Longitudinal Integrated Curricula (LIC) for third-year medical students. CMC has partnered with the Alabama Medical Education Consortium (AMEC), which is a program that takes third-year medical students from a variety of osteopathic medical schools in the southeast and assists them with finding clinical sites for their third- and fourth-year rotations.

CMC accepted its inaugural class of third year medical students into its LIC in August 2013. Erin Wagner and Jamie Bishop from William Carey School of Osteopathic Medicine in Hattiesburg, Mississippi, and Brianna Kendrick from Pikeville College of Osteopathic Medicine in Kentucky.

The LIC third-year medical school experience includes elements of adult medicine, pediatrics, emergency medicine, behavioral/mental health,



Daniela Rodriguez, PGY-1, and Lenord Burwell, PGY-1 during a private clinic at CMC



Lenord Burwell, PGY-1, during one of his private clinics at CMC

surgery, women’s health, and subspecialty care during each week of clinical experience – primarily at either Cahaba Medical Care or Bibb Medical Center, within Bibb County.

Medical students are incorporated into the daily clinical life of CMC including inpatient rounds, outpatient care, nursing home rounds, home visits, emergency department call, prenatal clinic, surgery rounds, wound care, time in endoscopy and ultrasound clinic, time in a mental health clinic at Indian Rivers, and in a subspecialty clinic. These Bibb County experiences are supplemented with weeks in the Operating Room at Bryan Whitfield Memorial Hospital in Demopolis, Alabama, and hospital rounds at a larger hospital facility, UAB Medical West, in Bessemer Alabama. Medical students are not only exposed to but also given hands-on training with a variety of procedural skills including casting and splinting, laceration repair, joint injections, and other procedures.

Another addition to the LIC is a medical student continuity clinic on Friday mornings where each medical student is given the opportunity to build a small continuity panel of patients, which they see as the primary care provider but in collaboration with an attending physician. Since continuity is often one of the key factors that leads people to choose primary care as their medical career, by exposing medical students to maximal opportunities for continuity through this novel curriculum, CMC hopes to

“One of the primary reasons I chose CFMR was their procedural curriculum including the ultrasound component. I am excited about having the chance to learn ultrasound and then integrate this into my future practice.”

—Aleksandra Murawska, Resident

encourage more medical students to enter primary care residency training.

“The ultimate goal of the LIC is to provide high-quality medical education while exposing medical students to the joy of primary care. We hope some of the students we train fall in love with family medicine and decide to go into primary care because of the time they spent with us,” said Dr. Lacy Smith.

“At first, I was very skeptical of the LIC. As the year progressed, I began to realize how much exposure I was getting to everything as a whole when I wasn’t trying to focus on just one subject. The LIC allowed me to see a patient in the emergency room, take care

of the patient while in the hospital, and then follow up with the patient in clinic after discharge. This is where I learned the most and had the most knowledge retention. I was managing the patient’s disease and saw the whole process. This experience was unlike any I have experienced so far in my fourth-year rotations and by far the best experience of my clinical rotations,” said Jamie Bishop, (OSM-III).

In 2014, Dr. Waits and Dr. Smith, together with Curriculum Coordinator, Dr. Karen Dixon, were accepted to present a lecture and seminar on this longitudinal curriculum at the annual Society of Teachers of Family medicine conference in January 2015.

“We feel by training residents in a rural area by rural doctors who model what it would look like to do inpatient medicine, outpatient medicine, emergency medicine, obstetrics, and advanced procedures, they will graduate with the confidence to go to another rural, urban, or international setting and provide this same type of comprehensive care,” said Brittany Shanks, program coordinator.



Starting at lower left and clockwise around the table are: Dr. Daniela Rodriguez, PGY-1, Dr. Andreia White, PGY-2, Dr. Keri Doctor, PGY-3, Dr. Nathan Way, PGY-2, Dr. Lena Gamble, PGY-1, Dr. Tunde Bosu, PGY-1, Dr. Lenord Burwell, PGY-1.



Brittany Shanks, Program Coordinator, assisting Lenord Burwell, PGY-1 with a clinic and scheduling issue.

MEET OUR RESIDENCY COORDINATOR BRITTANY SHANKS

Brittany Shanks is a native of Bibb County and serves in the role of Program Coordinator for Cahaba Family Medicine Residency. Prior to this job, she served as office manager for Cahaba Medical Care.

RESPONSIBILITIES AS RESIDENCY COORDINATOR?

“My day-to-day activities vary but I am primarily responsible for recruitment of residents; scheduling rotations, assignments, and call schedules; managing lecture schedules; and just being the “glue” for the residency program.”

WHAT ASPECT OF YOUR JOB DO YOU ENJOY THE MOST?

“Seeing the young doctors come here and fall in love with the program, the area, our vision, the patients... It makes me really proud about what we are doing.”

WHY HEALTHCARE?

“Actually I didn’t choose healthcare, it chose me. I had graduated from college and was looking for a job. I was offered a job at the clinic as a temp so I took it thinking it would give me time to find full time employment... I am glad to say that five years later, I am still here.... Very glad.”



Dr. Olatunde Bosu (PGY-1) and Dr. Lenord Burwell (PGY-1) enjoying some downtime between patients

WHAT IS THE MOST IMPORTANT THING THE COMMUNITY SHOULD KNOW ABOUT CAHABA FAMILY MEDICINE RESIDENCY PROGRAM?

“What a benefit the program is to the community. Not only are the residents performing a service by providing health care to the folks here, but we hope some of them end up staying here to practice. We are creating jobs in addition to making people healthier.”

WHAT DO YOU TELL RESIDENTS CONSIDERING YOUR PROGRAM OVER ANOTHER ONE?

“Participating in this program will truly prepare you to be a full-spectrum family doctor. You will be ready to serve in a rural, low-resource area anywhere in the country, or abroad.”



HOW DO PATIENTS BENEFIT FROM THE FAMILY MEDICINE RESIDENCY PROGRAM?

“They have more doctors right here locally now to serve them. Ten more in fact than we used to have before the residency program. This is a huge plus. Patients can get in to be seen quicker with more appointment time options. This makes it so much more convenient for the patient.”

WHO IS BRITTANY SHANKS?

“I’m a hometown Centreville girl. Went to UA. I’m married and have two boys. We enjoy the ballpark, being outdoors, doing things as a family...”

“Actually I didn’t choose healthcare, it chose me”

- Brittany Shanks, CFMR Program Coordinator



Brittany Shanks, Program Coordinator, with Dr. Keri Doctor, PGY-3

“Seeing the young doctors come here and fall in love with the program, the area, our vision, the patients... It makes me really proud about what we are doing.”

CFMR'S INAUGURAL CLASS OF 2016

Cahaba Family Medicine Residency began its first class of residents in July 2013.



ANDREIA WHITE, DO

From rural Alabama, Dr. White grew up in Safford, Alabama, attended college at Tuskegee University and then went to medical school at the University of Pikeville - Kentucky College of Osteopathic Medicine. Following medical school, Dr. White volunteered in a variety of medical settings until beginning residency at CFMR. Her passion lies in rural medicine and she hopes to one day start or join a practice in a rural area of Alabama. She is married with two children.



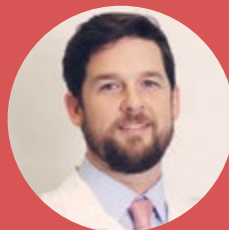
KERVIN DOCTOR, MD

Dr. Doctor is a native of India but moved to the United States at a young age. She attended college in New York and medical school at Windsor University School of Medicine. Dr. Doctor completed her intern year in Louisiana but transferred to CFMR for her 2nd and 3rd years of residency training. Her interests are diverse but include international health, especially in India where she hopes to be involved in medical mission work. Dr. Doctor is married with one daughter.



ALEKSANDRA MURAWSKA, MD

Dr. Murawska is a native of Poland but moved to the United States following medical school which she completed at Poznan University of Medical Sciences. Following medical school, Dr. Murawska was involved in a variety of research fellowships before beginning residency at CFMR. Dr. Murawska's interests include procedural medicine, wound care, and surgery. She is interested in pursuing a fellowship in one of the surgical areas of family medicine after completing residency.



NATHAN WAY, MD

Dr. Way is a native of Tennessee who attended college at the University of Tennessee, medical school at St. George's University, and then received a Masters of Public Health at Tulane University. After working in public health for several years, Dr. Way decided to return to medicine and complete a residency in family medicine. His interests lie in population health, preventive care, and public health policy.

"All four of our first class of residents are true trailblazers. They were ready and willing to come to a new program and help us continue building all the curricular components while also working with us to establish a good reputation of the residency around the community. We couldn't have asked for a better first group."

—John Waits, Program Director

CFMR'S RESIDENCY CLASS OF 2017

In July 2014, CFMR started its second class of four residents after successfully promoting it's inaugural class of residents



OLATUNDE BOSU, MD

Dr. Bosu is originally from California and trained at the University of Southern California and then Yale University School of Medicine in Connecticut. This is his first time to live in the southern United States. He is married with two children and enjoys football, family, and dancing.



LENORD BURWELL, MD

Dr. Burwell is originally from Bronx, New York. His undergraduate degree was completed at Clark University in Massachusetts and his medical degree completed at Howard University College of Medicine. He has previously worked as an instructor at Fortis College in the medical assistant certification program. His interests include music, graphic design, fitness, cooking, and community health.



LENA GAMBLE, MD, PHD

Dr. Gamble is originally from Washington D.C. She completed her undergraduate degree at Xavier and Cornell Universities. She then attended graduate school and began medical school at Tulane University in New Orleans. She was there when Hurricane Katrina hit which forced her to migrate to Birmingham, AL where she enrolled at the University of Alabama at Birmingham. She was a part of the MD/PhD program which she graduated from in 2012. Following completing her PhD work, she then worked for the National Institute of Health to complete her PhD research after which she matched at Cahaba Family Medicine Residency due to her interest in rural and international underserved medicine.



DANIELA RODRIGUEZ, MD

Dr. Rodriguez is originally from Venezuela where she completed her medical training at Universidad del Zulia Facultad de Medicina. Upon completion of her medical school, she came to the United States where she worked with Dr. Bill Rodney in Memphis, Tennessee as a scribe, medical assistant, interpreter, and residency prep student. Her interests include spending time with her son, Women's Health, cooking, and traveling.

INTERNATIONAL ROTATIONS

Residents Involved in global health and medical missions

Medical residents who are preparing to serve the underserved through international rotations go through life-changing experiences as they broaden their perspective on a global scale. Each experience is unique, and yet there is an overwhelming feeling of connectedness within them. Each story below recounts the personal experiences of each resident, and show us that health is not just a world issue, but a worthy one.



TEGUCIGALPA, HONDURAS

ANDREIA WHITE, MD

“Traveling to Tegucigalpa, Honduras was truly a life changing experience. Many of the people in this area of the world lived off little to nothing; some even had dirt floors in their homes. However, they had something that many in the US only dream of having-happiness. The joy that they brought to me was truly one of the most exhilarating things that I have ever encountered. There were several women 70+ years old that walked over 3 hours to come to the clinic to be evaluated; they never complained about the walk or being tired. They were very grateful (many almost in tears) that I would take time to offer my medical advice and give them medicines to help them feel better. Being in Honduras reminded me that life is not about the material things you have but more about what you can give to make a tremendous impact in someone else’s life.”



ASWAN, EGYPT

NATHAN WAY, MD

“114 degrees Fahrenheit and desert for as far as the eye could see. I settled back into the Nile, and let the water cover my shoulders. Surrounding me was children, camels, and 10 residents from the only family medicine residency in Egypt. Across the river from me, the sun was turning ancient temples a golden orange, just as it had for thousands of years. Sitting here, it was hard to believe that 1/2 an hour ago I had been in a clinic. 1/2 an hour ago I had been attempting to figure out complex abdominal injuries with only an ultrasound and an x-ray machine. 1/2 an hour ago, I paid \$2 out of my pocket to get antibiotics for a patient that couldn’t afford it. What a great 1/2 hour. The best part was, tomorrow I got to do it again.”



POZNAN, POLAND

ALEKSANDRA MURAWSKA, MD

“I was born in Poland and during my intern year I decided to go back to Europe and get some additional experience in the neonatal intensive care unit (NICU), knowing that I will see not only well child checks in my career, but also sick babies that need immediate attention. I went to Poland for only 10 days, so I tried to spend as much time at NICU as possible. I saw beautiful and healthy babies, but I also saw babies that lived only for a couple of hours due to the severity of the condition that premature babies had. I saw bronchopulmonary dysplasia, neonatal hypertension, necrotizing enterocolitis and babies with sepsis. I observed the administration of surfactant to preterm babies. During daily rounds I was exposed not only to Neonatologist’ job, but also respiratory therapist, lactation consultants, social workers and the rest of the NICU team. Even though I only spent a couple of days there, this rotation helped me understand how to take care of preterm babies. It was definitely a great experience!”



RAJAHMUNDRY, INDIA

KERI DOCTOR, MD

It has always been one of my lifetime goals to be able to go back to my country of birth, India, and help in anyway I can. As part of my international rotation, I was able to visit as a doctor. We visited three sites, the second being where I spent most of my time. At this location I spent two days a week serving in the clinic, where we saw 200 to 600 patients a day. The need for medical care was overwhelming. The other days we would travel deeper into the jungle to reach tribal areas where people have absolutely no access to medical care. The deeper we traveled, the worse the medical conditions we witnessed in terms of malnutrition and severity of disease. Another place I visited was the Missionary of Charity, the organization started by Mother Teresa, which currently has over 600 houses in over 150 different countries. What struck me most was the sense of community amongst the volunteers from all over the world. The simplicity yet effectiveness of the Sisters who serve God and humanity is just amazing to experience.





If you would like to donate to CMC and help our mission of providing care to Bibb County, please contact us at

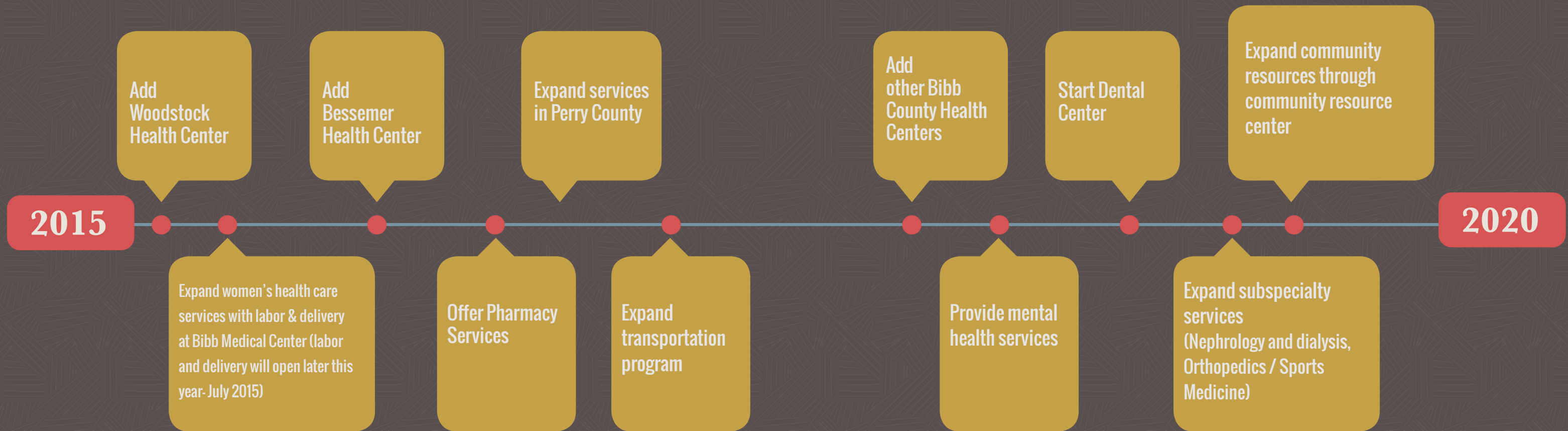
205-926-2992

or go to our website at

WWW.CAHABAMEDICALCARE.COM

and click on the "Donate now" button

FUTURE PLANS





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