

An aerial photograph of a river winding through a dense forest. The sky is a mix of blue and orange, suggesting sunset or sunrise. The river reflects the sky and the surrounding trees. The overall scene is peaceful and natural.

cahaba

MEDICAL CARE

2017 ANNUAL REPORT

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Caring for the generations

WHO WE ARE

Cahaba Medical Care is a Community Health Center (FQHC), accredited as a Patient-centered Medical Home (PCMH) by the National Committee for Quality Assurance (NCQA) and Joint Commission, with sites in central Alabama serving Bibb, Perry, Chilton, Dallas, Autauga, and Jefferson Counties. Our health centers provide 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 including x-ray, laboratory tests, ultrasound, echocardiograms, women's health procedures, prenatal care with local delivery and so much more. We currently have 50 primary healthcare providers, three social workers, and a team of nurses and medical assistants whose job 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 schedule based on income and family size. While this has been the mission of the clinic since its founding, these services have only grown through our designation as a non-profit, Federally Qualified Health Center (FQHC). This designation carries with it grant funding (and accountability) that allows us to enhance our services to those without insurance and to those facing hardship – whether medical, social, financial, or emotional.

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 2017, there were 15 FQHCs that served 319,327 patients in the state of Alabama.

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 discounted sliding fee schedule for charges based on income and family size.
- Provide comprehensive services including primary care and have on-site or an arrangement with another provider for dental, mental health and substance abuse services.
- Be a non-profit organization, and operate under the governance of a community-led board of directors, 51% of whom are patients of the clinic.

Cahaba Medical Care is also the ONLY Teaching Health Center in the state of Alabama.

WHAT IS A TEACHING HEALTH CENTER?

The Teaching Health Center program is an innovative way of funding residency education that allows training of primary care residents to occur in community-based ambulatory care clinics instead of in large hospitals. For CMC, this means Bibb County is serving as the training ground for twelve resident physicians who are learning how to take care of all patients - regardless of insurance status, financial status, or physical status. Nationally, the Teaching Health Center program supports the education of more than 700 residents, with a focus on training them to go and work in areas with a shortage in physicians and medical professionals, thus beginning to address the medically underserved communities throughout the United States.



CHIEF EXECUTIVE OFFICER //// DR. JOHN WAITS

For the past 14 years I have lived and worked as a physician in rural Bibb County, Alabama. Growing up the son of a surgeon and a teacher in Tuscaloosa, Alabama, it would be hard for me to argue that I was not born into privilege. I would like to contend that, internally, I never took my privilege for granted. However, reflecting on a childhood in the 1980s and collegiate years in the 1990s, from the “Richter-scale-9” year of 2017, I just don’t know anymore. What I can say is that it motivated me to work harder and to prove myself worthy of my advantages. For “[w]hoever can be trusted with very little can also be trusted with much” (Luke 16:10, New International Version).

From this vantage point grew a bias - ubiquitous in white Alabama and now ubiquitous in the conservative, red-state ethos that informs so much of our policy - toward personal responsibility.

In high school, I was turned on to the centre-right magazine, The Economist. I wrote my senior paper on “Health Care Economics and Reform”, advocating for health savings accounts, as well as the reintroduction of more free-market forces and less government

into healthcare. I saw government intrusion as tainting what could otherwise be the “pure” economics of healthcare.

As a pre-medical student at the University of Alabama, I had the privilege of spending the summer of 1993 in Washington D.C. as an intern for a think-tank of the religious right. I was tasked to be the intern / assistant to a leading bioethicist and healthcare policy expert in an effort to oppose the Healthcare Reform being promulgated by the Clinton administration. At the time, I fully agreed with the logic not only of the promise of a free-market driven healthcare system, but of the ethics of anti-entitlement, meaning the assurance that the healthcare system had mechanisms in place to keep individuals from taking advantage of healthcare providers, insurers, and systems.

Despite an exceptional medical school education at the University of Alabama Birmingham, and a great internship / residency / fellowship at the In His Image Family Medicine Residency in Tulsa, Oklahoma, I received little formal education or training in the public policy aspects of healthcare. Therefore, when I landed in Bibb

County, Alabama in September 2003, I was well-trained in many components needed for a successful career in rural medicine, but in other ways I was thoroughly unprepared. This was most striking when I saw firsthand the collision of real live patients with the logical effects and unintended consequences of our public healthcare policies.

It is a well-worn adage that the only year harder than internship is one’s first year of practice after training. This is nowhere more true than in an “underserved” area, where the ratio of patients to available physicians and/or healthcare providers is quite high. This was certainly true for me.

Even more profound than the work was the philosophical and cognitive dissonance that occurred as early as my first week of seeing patients. I remember calling my father, and observing, with emotional exhaustion, “there wasn’t a single patient that I saw today who would have any benefit from a Medical Savings Account (“MSA”: the ubiquitous conservative financial tool of healthcare reform).

What I meant was that there was an entire cohort of my neighbors who were unemployed, without a vehicle, and living with food insecurity. What benefit were they going to reap from putting away, tax-free, ~\$2000+ from their non-existent paychecks, to pay for healthcare?

Somewhat embarrassing in retrospect, this thought had not occurred to me in a decade of thinking about healthcare reform. More telling is the fact that it was not taught to me from the many people I worked with as a “caveat” to the usefulness of the policy.

With this background that landed me “on the front lines” in an underserved rural area, what does the rural healthcare crisis look like from the vantage point of a patient living in a rural area?



I will ignore for the purposes of this reflection, the rural American equivalent of #firstworldproblems like not having a Publix and having a much smaller Wal-Mart stocked with less nutritious options than the Wal-Mart in the neighboring cities; the lack of diverse after-school activities; the perceived lower quality school systems, etc., because at the end of the day, it is a 30-120-minute inconvenience for middle and upper class families to access these resources in nearby cities. Not in every case, but in most. The contributory impact of these exact issues, however, on the inability to either recruit or retain physicians and other professionals, healthcare or otherwise, is - or should be - a topic of active discussion amongst County Commissions, rural economic development forums, Chambers of Commerce, and Mayors’ offices.

What cannot be ignored in this discussion, however, is Medicaid.

Medicaid is a public insurance program that is a Federal-state partnership. It provides a Federal “match” to state legislature budgets and state Medicaid offices, but in turn requires certain core services, including healthcare for children in poverty, pregnant women, those with disabilities, and the impoverished elderly in long-term care.

“I was well-trained in many components needed for a successful career in rural medicine, but in other ways I was thoroughly unprepared.”



Notably absent in states such as Alabama that have not “expanded” Medicaid - either voluntarily, in previous “expansion” programs, or via the ACA expansion of 2009 - is the dearth of coverage for so many who do not fall into the above categories, including parents in poverty and childless adults.

During my years in Bibb County, I have faced countless scenarios of people unable to afford their healthcare. So, within months of opening my private practice, I made a decision. I was personally convinced and convicted that it would be unethical to significantly limit any of my neighbors from accessing the services just because they either did not have insurance, or were unable to pay a copay or deductible. This informed my practice, Cahaba Medical Care (CMC), from day one.

The first decade of being in rural practice was largely spent trying to creatively counteract many of the issues that so many of my patients faced. Our attempts were diverse and sometimes quixotic in effort, requiring immense un-reimbursable time from most of my staff; all attempting to do their part in case management and social work. Frustratingly, even these efforts were only partly successful in mitigating these systemic issues. But refreshingly, in almost every circumstance, we have found like-minded allies in what I had ignorantly regarded as the “faceless bureaucracy”; women and men at Medicaid and the Alabama Health Network (a maternity waiver program) who were eager to help take care of patients and even innovate and advocate for change within the system.

What I have come to realize is, that if there are gaps in coverage for even the people who have insurance (like Medicaid), imagine the gaps in the areas for which we have not yet begun to envision coverage. This includes the enormous cohort of 40-50-something-year-old uninsured adults who need a cancer screening but are two decades away from Medicare coverage, or have undiagnosed (or diagnosed) hypertension,

hyperlipidemia, and diabetes and are delaying thorough and effective care, thereby worsening the state epidemic of myocardial infarction (heart attacks), congestive heart failure, and strokes.

What could be done? Was there any way other than working harder and longer hours to provide care for my neighbors?

In 2010, I was introduced to the Community Health Center (CHC) or Federally-Qualified Health Center (FQHC) program.

The FQHC program began as a bipartisan effort during the Lyndon B. Johnson administration. Since the time of its inception, it has been supported and expanded under both Republican and Democratic administrations. It is a way for a community to create a safety net in the American healthcare system for our neighbors who have, for many varied reasons, been left outside of the current healthcare infrastructure and public policy.

In 2012, Cahaba Medical Care’s competitive application to become a Community Health Center was accepted. This event served as a catalyst for good for our patients, the local healthcare system, and the community as a whole. This transformation represented a systemic change, increasing resources to take care of the immense need we had been facing for eight years.

By becoming a FQHC, CMC was able to create a Social Work office, expand its nursing team, and provide discounted labs and imaging services through local partnerships with businesses that share our commitment to care for their neighbors, regardless of their insurance statuses. It also enabled us to expand our reach into several new underserved communities as we opened new offices in five neighborhoods throughout central Alabama from 2014 to 2017. This ultimately meant that more patients were treated and more patient

visits were performed each year, allowing for diagnoses and treatment of chronic diseases, cancer screenings, and so many new patient-provider relationships.

In addition, the Community Health Center program along with Cahaba Medical Care’s close partnership with its local rural hospital, Bibb Medical Center (BMC), allowed the unique opportunity to reopen a rural Labor and Delivery (L&D). This was done in partnership with BMC, who made the large capital investment of building a state of the art L&D unit while CMC provided the obstetrical staffing for this unit. This bucked the dismal statewide trend of small rural L&D units closing, and it was the first L&D to reopen in Alabama in over thirty years.

As so many in underserved areas of the country know, the actual community health needs reach far beyond the realm of traditional medicine. The Community Health Center program has enabled CMC to contribute to many non-medical components of community health. This includes park and sidewalk development activities, “backpack buddies” for school-aged children with food insecurity, creating a food pantry and clothes closet for community members, and support of the science curriculum in the local high schools through development of an AP Biology course.

Fourteen years of practice has granted me a wealth of stories about rural healthcare, too many to share here. They include how the FQHC program allowed creation of Alabama’s newest Family Medicine residency program in Centreville, Alabama - a town of 6,000 people - at Cahaba Medical Care. And how the FQHC program has enabled recruitment of an excellent team of physicians and advanced practice providers in underserved Alabama. Furthermore, the FQHC program has allowed access to care to many uninsured patients who otherwise would have only received fragmented care at local Emergency Rooms, but instead now have a primary care provider, as well as access to a dietician, mental health counselor, nursing staff, local pharmacy, radiology services, and a social work team.

While no policy measure exists long or is sufficient unto itself without comprehensive healthcare reform, the Community Health Center program has been transformative for our communities. We still face gaps in care and find individuals who have fallen through the cracks. But until the hard work of healthcare reform / expansion is done, I can speak to the importance of the healthcare safety net. When implemented with compassion and focused on the needs of the local community, it can be truly transformative.



GRANTS

- 2017 Health Center Quality Improvement supplement grant
- Health Resources and Service Administration New Access Point for Jefferson County
- Access Increases in Mental Health and Substance Abuse Services supplemental funding
- PCTE substance abuse supplemental grant
- (Trail) ADECA FY2017-18 Recreational Trails Program Grant
- UAB School of Dentistry sub-recipient grant to expand training in pediatric dentistry in a rural area
- UAB School of Nursing Certified Registered Nurse Practitioner sub-recipient grant to expand primary care and mental health training in a community setting
- (Sports Equipment & Stove) CDC Alabama Preventing and Reducing Obesity: Helping to Engage Alabamians for Long-Term Health (ALProHealth) Grant - Bibb County Extension
- (Renovations to Pavilion) Bibb County Parks and Recreation Board Community Grant
- (Health Fair) BBVA Compass Foundation Grant

PUBLICATIONS / PRESENTATIONS / AWARDS

- **John O. Waits, MD published "The Wound Pie: A Practical Wound Care Tool" in Nursing Made Incredibly Easy 15, no. 6 (2017): 11-12. This article was heralded by the journal as one of the best of 2017.**
- **Daniel J. Hurst, PhD published the following:**
 - "Mitigating Moral Distress in Nursing," Nursing Made Incredibly Easy 15, no. 6 (2017): 11-12.
 - "Does the Distinctiveness of Palliative Care Research Require Distinct Ethical Guidelines?" JAHR- European Journal of Bioethics 8, no. 15 (2017): 33-69.
 - "Benefit Sharing in a Global Context: Working Towards Solutions for Implementation." Developing World Bioethics 17, no. 2 (2017): 70-76
 - "Restoring a Reputation: Invoking the UNESCO Universal Declaration on Bioethics and Human Rights to Bear on Pharmaceutical Pricing," Medicine, Health Care and Philosophy 20, no. 1 (March 2017): 105-117.
- **Several of our faculty had articles accepted for publication in Evidence-Based Practice and will be published in 2018**
- **Dr. John B. Waits recognized with the AFMRD Program Directors Recognition award**



CAHABA MEDICAL CARE FOUNDATION AWARDED ADECA RECREATIONAL TRAILS PROGRAM GRANT FOR THE CENTREVILLE RIVERWALK ENHANCEMENTS ALONG CAHABA RIVER



During the ADECA Recreational Trails Program (RTP) 2017 - 2018 Grant cycle, Cahaba Medical Care Foundation, in partnership with the local cities and Bibb County school system, embarked on a grant opportunity that would benefit not only the patients served by its medical practices but the City of Centreville (AL) and the Bibb County community at-large. ADECA's Recreational Programs assist Alabama communities in promoting outdoor activities, encouraging healthy lifestyles, and developing eco-tourism opportunities. The Recreational Trails Program (RTP), funded by the U.S. Department of Transportation, provides funding assistance for the development and improvement of recreational areas such as walking, jogging, cycling, skating, backpacking, off-highway vehicle and horseback riding trails. Noting that this grant could possibly fulfill the desire of the organization of providing a means for patients and staff to engage in outdoor activities that would promote better health outcomes in the community, a grant was submitted for the renovation and expansion of the Centreville Walking Trail that runs along the Cahaba River.

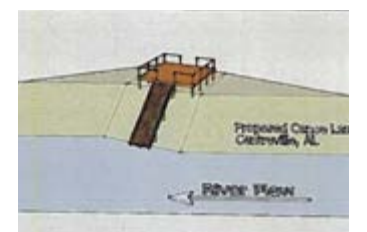
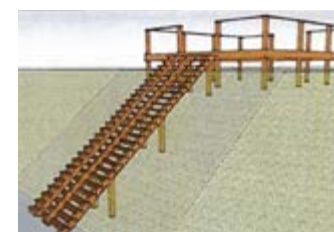
The project is to consist of the renovation and expansion of the Centreville Walking Trail that was constructed over 20 years ago. The trail, which has been frequently used by Cahaba Medical Care for its Watermelon 5K and Fun Run and the Fitness Friday Evening Walks as a component of the Nutrition & Wellness Program, as well as by many others in the community as part of their exercise routines, was in need of renovation after years of use to make it more accessible and usable for all community members. This grant opportunity would allow for the trail to be transformed into a handicap-accessible, diverse-use trail that can be used by walkers, runners, and cyclists.

After advancing to the second phase of the grant, a plan to include a scenic lookout and paddling (canoe) access along this same trail overlooking the Cahaba River was added. So, after meeting with the Bibb County Board of Education, the City of Centreville and its grant consultant, and receiving approval from ADECA, the grant was revised to include both components.

In October 2017, the organization was notified that the grant proposal had advanced to the final phase for approval and in November 2017, the organization was notified that the grant proposal had been approved.

In order to complete this project successfully and on time, additional donations from local businesses and citizens will also be needed. In partnership with Bibb Medical Center, efforts are now underway for securing the donations needed to complete the revised proposal. Hence, it is our sincere desire to see the project culminate around the end of 2018.

"We truly hope this renovation effort is a benefit to the community," said CEO, Dr. John B. Waits. "We see this as hopefully only the first project of many to help renovate and upgrade the sidewalks, parks, and walking trails around Brent and Centreville as an effort to make our portion of the county more exercise friendly. We are also so appreciate of our community partners who have come alongside in support, like Bibb Medical Center, and look forward to making these renovations happen in 2018."



CAHABA FACTS

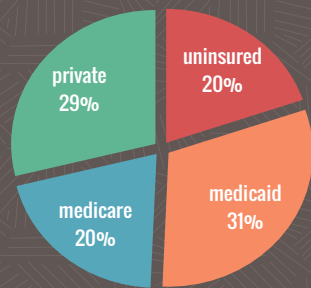


RESIDENCY PROGRAM

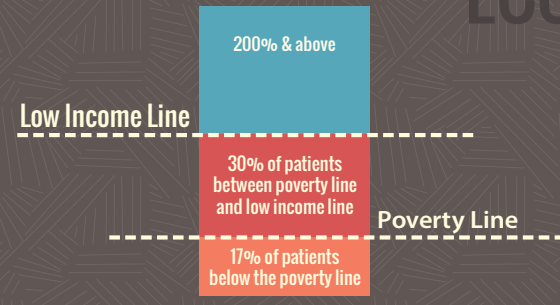
1st **12**

Alabama's First & Only Teaching Health Center Family Medicine Residents

PATIENT SNAPSHOT



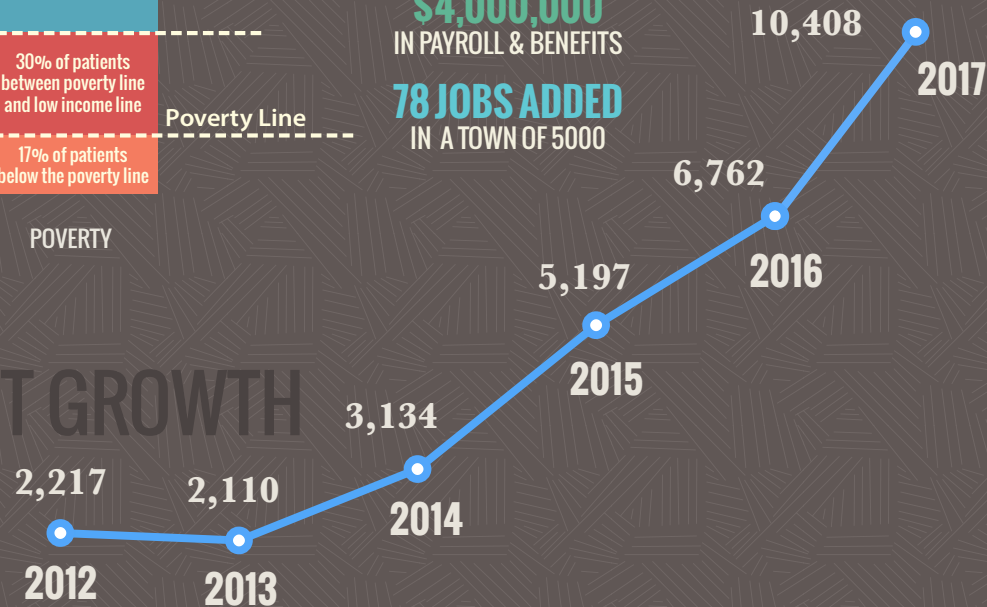
INSURANCE



POVERTY

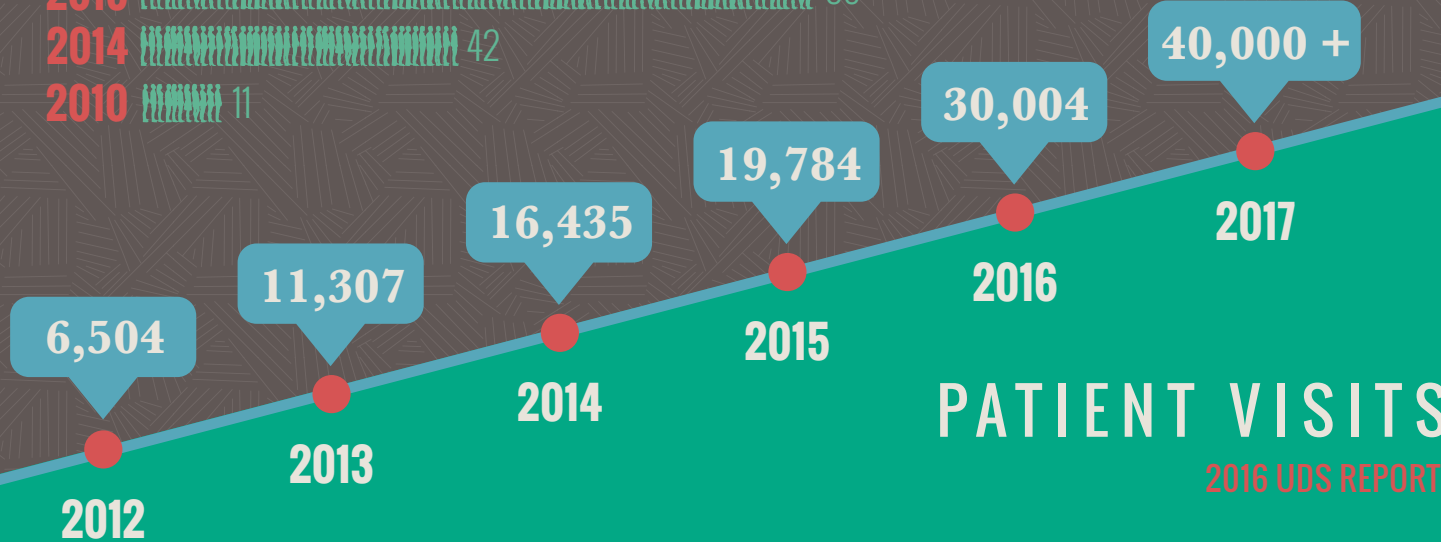
ECONOMIC IMPACT

IN EXCESS OF **\$4,000,000** IN PAYROLL & BENEFITS
78 JOBS ADDED IN A TOWN OF 5000



UNIQUE PATIENT GROWTH

STAFF GROWTH



PATIENT VISITS

2016 UDS REPORT

CAHABA LOCATIONS 7 STRATEGIC CENTERS

- 1 Centreville (Rural Residency)**
405 Belcher St
Centreville, AL 35042
- 2 Woodstock**
28921 Highway 5
Woodstock, AL 35188
- 3 Maplesville**
9431 Alabama 22,
Maplesville, AL 36750
- 4 Centreville Dental**
260 Walnut Street
Centreville, AL 35042
- 5 Bessemer**
1088 9th Avenue SW • Suite 106
Bessemer, AL 35022
- 6 West End (Urban Residency)**
1308 Tuscaloosa Avenue
Birmingham, AL 35211
- 7 Ensley**
1925 Avenue E Ensley,
Birmingham, AL 35218



Serving the Bibb and Perry County communities since 2004, and added Chilton, Dallas, Autauga, and Jefferson Counties in 2015. Our mission is to provide high quality and compassionate primary and preventative healthcare for families in our area

- all ages, all conditions
- regardless of ability to pay
- regardless of insurance

SERVICES

Preventative Health Services

- Pap Smears
- DEXA Scans
- Mammograms
- 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
- Birth Control
- Management of Abnormal Pap Smears
- BMC, UAB Medical West, & Baptist Princeton

On-site Procedures

- X-ray
- Ultrasound
- Lab
- Fracture Care (casting & splinting)
- Joint Injections
- Pulmonary Function Tests
- 24 Cardiac HR Monitoring
- Cardiac Treadmill Testing

Dermatology/Skin Care

Sports Physicals and Department of Transportation Physicals

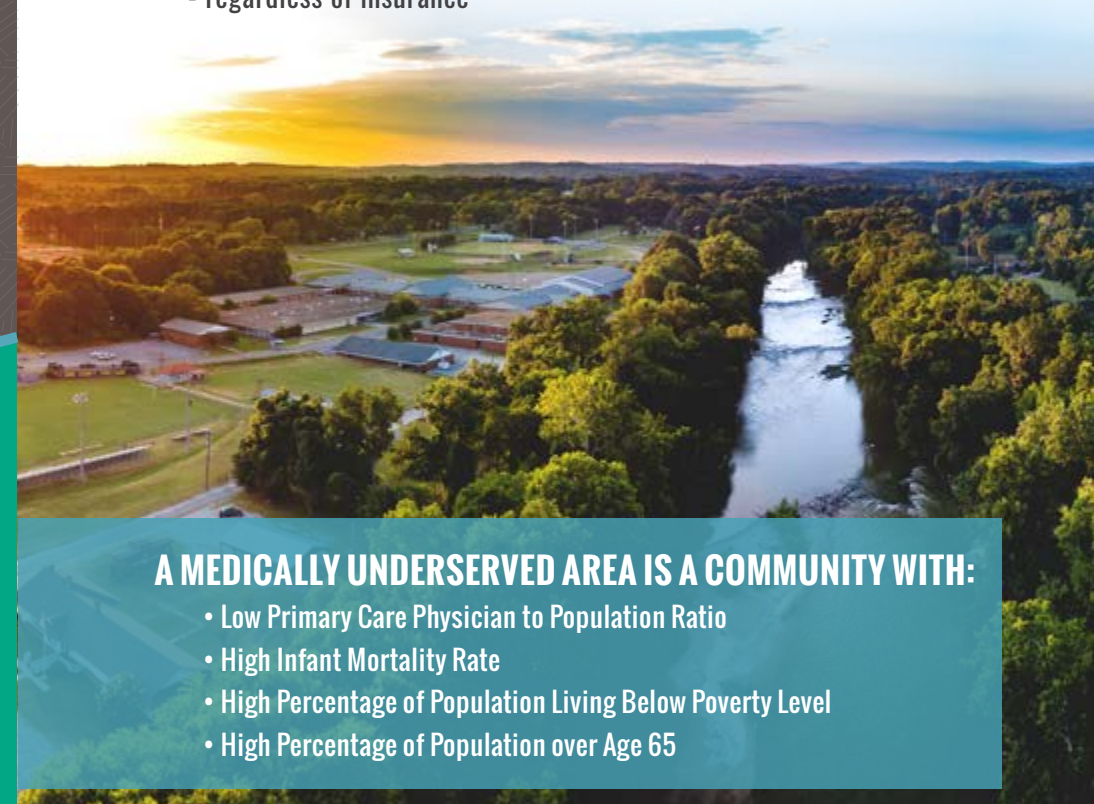
Mental Health Care

Nursing Home Care at Bibb Medical Center Nursing Home

Hospital Care at Bibb Medical Center and UAB Medical West

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



SUPPORTERS & PARTNERS

OUR COMMUNITY SUPPORTERS

Henry Schein
University of Alabama at Birmingham (UAB), Orthopedics and Hospitalist Group
Children's Hospital of Alabama
Bryan W. Whitfield Memorial Hospital and Mr. Arthur Evans
Dr. Keith Roberts
Alabama Health Education Consortium
Dr. Cynthia Selleck
Dr. Bill Curry
Bibb Medical Center and Mr. Joseph Marchant
Dr. John Meigs
Dr. Lata Patil
Dr. Connie Richardson
Dr. John Hollis
UAB Medical West
Dr. Rowell Ashford
Dr. Wil Baker
Alabama College of Osteopathic Medicine
William Carey University School of Osteopathic Medicine
Philadelphia College of Medicine, Georgia Campus

Congresswoman Terri Sewell
Cooper Green Mercy Health Services and Armika Berkley
Drs. Robert and Susan Griffith
Dr. Larry Lemak
Dr. Ted Epperly
Viva Health
Marion Bank & Trust
State Representative April Weaver
Caring Hands
UAB School of Dentistry
BBVA Compass
Councilwoman Sheila Tyson
Christ Health Center & Dr. Robert Record
Alabama Primary Care Association and Mrs. Mary Finch
Dr. Timothy Williams
State Representative Cam Ward
Jefferson County Department of Health
Commissioner Sandra Little Brown

SPECIAL THANKS TO OUR BOARD OF DIRECTORS

Cynthia Winegard, Chairman
Kenneth Young, Vice Chairman
William Pockstaller, Finance Chair
Bevin Tomlin, Finance Chair
Matthew Satcher, QA Chair
JoAnn Toby
Mary Sue Terry
Joel Atchison
Hollie Tillery
Darlene Hollifield
Corey Bates

WEST END STAKEHOLDERS

Evanne Gibson President - Germania Park Neighborhood Association
Delois Clayton President - Arlington West End Neighborhood Association
Jerrelle Hendon Curriculum Data Specialist - Wenonah High School
Wanda Larosiliere Director - Urban Kids
Sheila Tyson Councilwoman - District 6
Emily Ingram Assistant to Councilwoman Tyson
Brandon McCray Assistant to Councilwoman Tyson
Karen Wadlington Assistant to Commissioner Brown (District 2)
Walter Mitchell Assistant to Commissioner Brown (District 2)
Angela Jackson Sales Executive - Cumulus
Hertisene Riley Sales Manager - Cumulus

MAPLESVILLE STAKEHOLDERS

Anna Harrison City of Clanton
Brad Jackson Manager - Marion Bank & Trust - Maplesville
Cindy Brown Court Clerk - City of Maplesville
Dr. Kevin Bolding Veterinarian
Dr. Robin Parnell Professor AUM
Holly Tillery Patient
Judy Walls Patient
Kelly Hubbert Resident of Maplesville
Kendall Williams Alfa Insurance
Kurt Wallace Patient
Queen Morrow Teacher - Retired
Sheila Hall City Council - Maplesville
Shirley Laister Beautician
Stacy Stough Southcoast Paper
Steven Hunter Principal - Maplesville High School
Terry Seales Terry's Small Engines
W.C. Hayes Mayor - Maplesville

ENSLEY STAKEHOLDERS

Rev. R.L. Patterson Pastor - Abyssinia Baptist Church
Glynis Fitts Banker
Judith Rose Principal - Bush Hill Academy
Steve Brown Principal - Brown Elementary
Andra Walls Principal - Central Park Elementary
Terrell Brown Principal - Minor Elementary
Cynthia Ward Principal - Princeton Elementary
Jimmy Crane Pharmacist - Gilmer Drug
John Hillard Councilman - District 9
Antonio Spurling Attorney
Ronald DeRamus Entrepreneur
Dr. Rosalyn Morgan Pediatrician
Jackie Moore Manager
Kim Daige Manager
George McCall President - Ensley Neighborhood Assn.
Cynthia Haywood Patient
Nancy O'Neal Nurse

BESSEMER STAKEHOLDERS

Alphonso Patrick Bessemer Housing Authority
Todd Paden Paden Realty
Lynnece Washington District Attorney
Toraine Norris Chief of Staff - City of Bessemer
Latesha Cook Chamber of Commerce
Seth Holloway Bessemer Cut-off News
Micah Andrews Foundry
Willie Davis Community Member
Terry Dawson Executive Director - Bessemer Civic Center
Anthony Underwood Owner - Watermark Place / Underwood Automotives
Sherry Tew Patient
Dee Howard Community Member
Robert Blackmon New Bethelhem Baptist Church
Rev. Samuel Harris New Bethelhem Baptist Church
Rev. Gregory McCarroll New Bethelhem Baptist Church
Jasmine Browder Membership/ Wellness Director - Legacy YMCA

CENTREVILLE STAKEHOLDERS

Mayor Terry Morton Mayor-Centreville
Mr. Willie Dunn Retired
Joseph Marchant Administrator - Bibb County Hospital
Amy Shields Branch Manager 1st Financial
Dr. Mechelle Hollifield Principal - Brent Elementary
Billy Thompson Topline Equipment
Mayor Dennis Stripling Mayor - Brent
Leanna Kornegay School Teacher and dance instructor
Louise Johnson Principal - Randolph Elementary
Matt Hartzell 4-H Extension
Luke Smith Farmer
Rachel Waits Head of Studio
Ann Linch School Teacher - Retired
Bobbie White Brent City Council
Valerie Cook Chamber of Commerce
Paul Hightower Alfa Insurance
Rev. Shamus Drake Pastor - Brent Baptist

WOODSTOCK STAKEHOLDERS

Patricia Sellers Branch Manager - First US Bank
Pamela Gamble Branch Manager - 1st Financial
Kathy Leatherwood Klassey Realty
Terry Lawley Principal - WBHS
Dr. Greg Blake Principal - WBMS
Karen Hubbard Principal - WBES
Todd Rooker Woodstock Drug
Shea Essman Principal - Woodstock Elementary
Lee Thompson Agent - State Farm
Jeff Parker Agent - Farmers Insurance
Huell Lane Martin WB Branch Manager - 1st US Bank
Bob Ellis Agent - Alfa
Brad Rooker Agent - Alfa
Gloria Hill Son of NFL player
Glenda McGuire First US Bank
Jeff Dodson Mayor - Woodstock
Tiffney McCulley Town Clerk - Woodstock

EXPANDING SERVICES TO

BIRMINGHAM

(WEST END)

CAHABA MEDICAL CARE WEST END LOCATION

Having primarily served residents of rural communities since its inception in 2004, Cahaba Medical Care decided to expand into the urban setting by opening a clinic in West End, an urban, medically underserved community in Birmingham, AL. With the assistance of the Jefferson County Commission, Roger McCollough of Cooper Green Mercy Health Care Services, and other key individuals in the community, CMC moved into the building that was the previous Chris McNair West End Health Department.

“It may seem odd that we would pursue a clinic in the middle of Birmingham, BUT.... we couldn’t turn away from the immense need of this area,” said CEO Dr. John B. Waits. “So many people are in poverty, so many people have public insurance or no insurance, so many people have medical, social, emotional, or spiritual needs. And we couldn’t turn away from the opportunity to join the community and begin to partner with the people already here doing good work.”

When assessing the need prior to opening the clinic, West End and other neighboring communities in Birmingham had 13 percent without insurance and 45 percent considered to be living in poverty. Secondly, the prevalence of high blood pressure, heart disease, and stroke was found to be much higher in this area than in Alabama and the nation. Thirdly, the prevalence of numerous types of cancer including prostate, colon, and breast were higher. Also, when surveying access to medical care for low income and uninsured patients, the primary source appeared to be the Emergency Department. And, when CMC staff



began meeting community members, other areas of need surfaced, including easier access to enhanced mental health and substance abuse services, resumed prenatal care in the West End community, and easier access to primary care for people without insurance.

On January 17, 2017, the doors of Cahaba Medical Care - Birmingham (West End) opened with the same mission of providing comprehensive high quality primary care to the residents of the West End no matter their insurance or financial status.

The clinic started its primary care services with Jennifer Platt, PA-C. Jen began her career as a primary care provider at the Centreville location but was excited to join the urban outgrowth. Jen was joined by a support staff, as well as access to services like nutrition counseling, behavioral health counseling, ultrasound, procedural services, prenatal care with delivery at Baptist Princeton, and social services.



Knowing that the addition of this facility was key to providing the medical services needed in the community, a grand opening/ribbon cutting was planned. Commissioner Sandra Little Brown of the Jefferson County Commission District 2 and the City of Birmingham - District 6 representative, Councilwoman Sheila Tyson, were valuable consultants in ensuring the members of the community were made aware of the addition of Cahaba Medical Care as a Federally Qualified Health Center (FQHC) in West End.

“This clinic has so much potential,” said Medical Director, Dr. Lacy Smith. “The building is huge and can provide such access to care to so many patients as we are able to add to our provider staff. We are so excited about this addition to our clinical sites and about embarking on this journey to learn this community and learn how we can help improve the patients’ lives that we get the opportunity to serve.”

The “old West End Health Department” building provides immense space for patient care activities.

“We are dreaming of all the services we can provide Birmingham residents in the upcoming years. I can just see having numerous providers here seeing patients.

Having ultrasound and x-ray. Having a place to do colonoscopies. And even having a dental office. There is so much potential in this building, and we feel so blessed to have the opportunity to take care of this part of Birmingham and look forward to working with this community,” said Waits.

During 2017, CMC added one full-time physician, Dr. Shelley Waits and one part-time internist, Dr. David Hardin. Also, Sarita Colvin, LCSW joined adding mental health counseling, Leslie Jones, BSW provides case management and social services support, and Millie Foster, RD, provides nutrition counseling with a focus on obesity and diabetes. Also, ultrasound services, prenatal care, women’s health procedures, and in-house laboratory services were added. Looking forward to 2018, CMC is planning to add several additional providers, as well as a pharmacy and in-house x-ray and treadmill stress tests.



EXPANDING SERVICES TO

BIRMINGHAM (ENSLEY)

CAHABA MEDICAL CARE ADDITION OF ENSLEY

With the continued desire to provide family medicine services to impoverished communities, in October 2017 Cahaba Medical Care was fortunate to be able to join forces with Dr. Rowell S. Ashford II, MD, a board certified obstetrician / gynecologist at his women’s health center in Ensley, an underserved urban community in Birmingham, AL.

Dr. Ashford has spent his career providing OB and women’s health services to Birmingham at Cooper Green and then

at Baptist Princeton. Like his father before him, who was also an OB/Gyn, Dr. Ashford has dedicated his career to taking care of his neighbors, no matter their insurance or financial status. To that end, as his career transitioned from Cooper Green to Baptist Princeton, he opened a clinic in Ensley in order to continue to care for those in need of medical assistance.

“When I renovated the Ensley Clinic in 2009, I envisioned having a comprehensive medical clinic for women. A clinic

that would meet the primary care, women’s health and mental health needs for the residents of Ensley and the surrounding communities. In October, we merged the existing women’s health services of the Ensley Clinic with the primary care and mental health resources of Cahaba Medical Care. As a result of this merger, patients now have incredible access to a broad array of medical and mental health services at one location. In addition, new programs will be developed to address obesity, smoking cessation and chronic disease management. Collectively, the synergistic effect of the Cahaba Medical Care programs and health services will elevate the health status of the Ensley community. In this regard, I am truly blessed to be a part of this dynamic organization.”



up. We were immediately excited about the idea. We loved Dr. Ashford’s heart for helping his neighbors, even those without insurance and those with lots of needs. We respected his ministry he was already doing in Ensley. And we wanted to be a part of helping him fulfill his vision in Ensley.”

What does 2018 hold? Starting group weight loss classes with an interdisciplinary team of physicians, advanced practice providers, behavioral health counselors, and a dietician. Also, adding additional primary care providers, expanding the social services provided, adding pediatric care, and working to meet the neighborhood and learn their strengths and needs to better serve in upcoming years.

It would not be an understatement to say that the staff of Cahaba Medical Care is just as ecstatic as Dr. Ashford about the benefits the merger will have on the Ensley community. Providers joining Dr. Ashford include: Dr. Lena Gamble, MD, a recent graduate of the Cahaba Family Medicine Residency Program in Centreville, AL; Loretta Preston, CRNP; and Latorya Franks, PA-C.

Also providing care includes Sarita Colvin, LCSW (counselor), Leslie Jones, BSW (social worker), and Millie Foster, RD (dietician).

“We initially were connected to Dr. Ashford due to our residency program, as well as related to OB Call coverage for some of our physicians,” said Dr. John B. Waits, CEO. “And then we began talking about how we could do more good and partner more fully. The idea of merging came





DENTAL OFFICE EXPANSION

Including a Partnership with the UAB School of Dentistry

After a successful first year at the Cahaba Medical Care - Dental Office, the leadership of the dental office, noticing the great oral health needs of our community, began advocating for expansion to allow for more patients cared for each day. To this end, Cahaba Medical Care began discussions with UAB School of Dentistry about partnering with them in an effort to not only expand the dental clinic but also to offer training opportunities for dental students wanting exposure to rural dentistry and caring for an underserved population of children and adults with great oral health needs.



As beginning steps to prepare for this partnership, Cahaba Medical Care expanded the hours of Dr. Wesley Wright to have him available five days per week. Karen Fondren, RDH was hired to allow for more hygiene appointments each day. Finally, an additional dental operatory was finished so that

three rooms could be in operation every day.

These steps allowed for an immense increase in patient encounters each month. And, excitedly, the partnership between CMC and the UAB School of Dentistry was

finalized in 2017 to allow for dental students, beginning in 2018, to rotate through the CMC Dental Office to receive exposure to dentistry in an underserved area and in the setting of a Federally Qualified Health Center.

“We are really excited about this partnership. We think our patients have a lot to teach from a procedure standpoint... and from a patient education standpoint in teaching about the importance of oral health. But, we also see the partnership as a way to grow our reach and ability to take care of more patients each day since our ultimate goal is to treat everyone who needs our assistance and, over time, to improve the oral health of our community,” said Dental Hygienist, Karen Sessoms.

In 2018, Cahaba Medical Care - Dental Office looks forward to adding a fourth operatory and continuing to work to increase the preventative and hygiene visits for both children and adults.



SUBSPECIALTY CARE GROWTH IN BIBB COUNTY

Since 2014, Cahaba Medical Care has offered specialty care to its Centreville patients next door at the Bibb Medical Center (BMC) Specialty Clinic in collaboration with BMC. This year, the scope of services offered expanded beyond surgery, wound care, and dermatology, with nephrology and sports medicine / orthopedics now available locally to patients within the Bibb and Chilton County service areas.



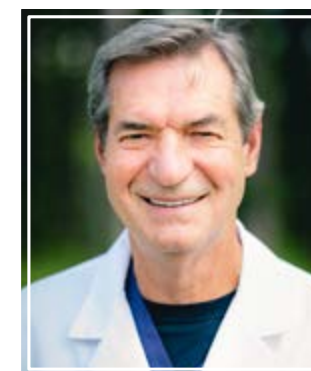
Dr. Timothy Williams, a board certified nephrologist with Nephrology Associates, P.C., has seen patients in the Specialty Clinic once a month since January. He sees patients in consult for difficult to treat hypertension, chronic kidney disease, or those patients with difficult to diagnose problems that involve the kidney.



Dr. Larry Lemak, founder of Lemak Sports Medicine in Birmingham, has seen patients in the Specialty Clinic once a month since March. He sees patients in consult for both sports medicine and orthopedic issues. As CFMR Faculty, Dr. Lemak also lectures to the residents on sports medicine topics.

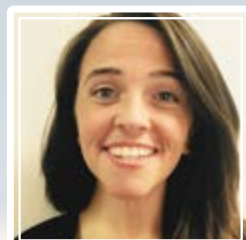


Dr. Robert Griffith is still also seeing patients with dermatologic needs.



Dr. John O. Waits is still actively seeing patients at the Specialty Clinic for surgery consultation, wound care needs, or for colonoscopy consultation.

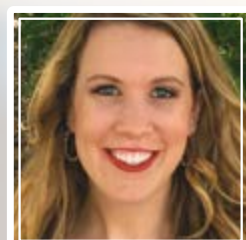
NEW CLINICAL STAFF



NIKKI SAVAGE (CENTREVILLE)

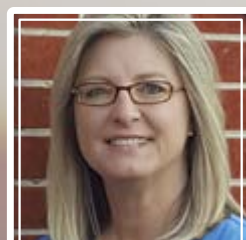
Ms. Savage was born and raised in Tuscaloosa, Alabama. She has worked as a nurse specializing in Labor and Delivery for eight years. She obtained her MSN-FNP from Samford University in May 2017. She is certified through the Academy of American Nurse Practitioners. She enjoys reading, dancing, and spending time with her daughter and animals.

When asked, “**Why did you chose Cahaba Medical Care to start off your career as a nurse practitioner?**” she stated: “I did several semesters of precepting for my nurse practitioner clinical rotation at CMC. I appreciated the learning atmosphere and the broad spectrum of care provided from pediatrics to geriatrics and prenatal care. I felt like it would be a great opportunity to start my career, and I have always had a desire to work in a rural community where healthcare is needed.”



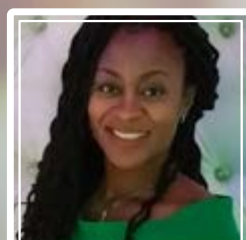
KAYLEE PERKINS (BESSEMER)

Ms. Perkins, a resident of Helena, Alabama, joined Cahaba Medical Care in October 2017. She received a Bachelor of Science in microbiology from Auburn University in 2014. She then attended the University of South Alabama and earned a Master of Health Science in Physician Assistant Studies. Ms. Perkins is board certified by the National Commission on Certification of Physician Assistants and is a member of the American Academy of Physician Assistants. She enjoys spending time with friends and family, dancing, reading, and attending Church of the Highlands. Ms. Perkins stated, “I have a heart for God, people, and medicine and I am excited to be a part of the Cahaba Medical Care team.”



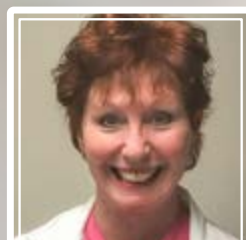
KAREN FONDREN (DENTAL OFFICE)

Karen Fondren is a native of Bibb County and joined Cahaba Medical Care in June of 2017. She has been working in the dental field since 1989 and started her career in Greensboro as a Dental Assistant. She received her Registered Dental Hygiene license from the University of Alabama at Birmingham in 1991. After working several years in Demopolis, Mrs. Fondren moved back to her beloved Bibb County in 1998 to raise her family. She and her husband, David, have two wonderful children, Brianna and Watson, and are members of Four Point Baptist Church in Centreville.



SARITA COLVIN, LCSW

Sarita Colvin, a native of St. Louis, Missouri and current resident of Hoover, Alabama, joined the Cahaba Medical Care team as a Counselor in 2017. She is a Licensed Clinical Social Worker with eight years of experience providing mental and behavioral health services to adults and children diagnosed with severe mental and/or emotional disturbances. Ms. Colvin obtained her Bachelor of Social Work degree in 2008 from the University of Missouri - St. Louis. She received her Master of Social Work degree in 2010 and her Master of Public Health degree in 2011 from Saint Louis University. Ms. Colvin has previously worked as a Crisis Intervention Specialist providing suicide assessment, intervention and safety planning services to individuals in distress. She also has experience working with patients diagnosed with chronic medical illnesses and intellectual disabilities. Ms. Colvin enjoys traveling, baking and taking trips to the beach. She is also a follower of Christ whose spiritual gift is acts of service. On her platform as a helping professional, she uses Jeremiah 29:11 as her guide to provide hope and encouragement, and to help build the connection between body, mind and spirit. “For I know the plans I have for you, declares the Lord, plans to prosper you and not to harm you, plans to give you hope and a future.”



PAM CUNNINGHAM

Ms. Cunningham is originally from Selma, Alabama and has worked in Echocardiography for 40 years. She received an Associate degree in Nursing from Wallace State Community College in Selma and is licensed as a Cardiac Ultrasound Technician by Cardiovascular Credentialing International. She has completed echocardiogram preceptorship programs at both Carraway Methodist Hospital and UAB Kirkland Clinic in Birmingham, and she is also a member of the American College of Cardiology. In her spare time, Ms. Cunningham enjoys being outdoors, flying planes, and motorcycling.

ASHLEY MIDDLEBROOKS MA to RN

Ashley Middlebrooks began her journey at Cahaba Medical Care in May 2011 as a medical assistant.

“I remember interviewing Ashley not long after I started as a physician at Cahaba. She was young and energetic and just pleasant to be around. She had big goals and aspirations for her life. And she seemed like she would be a good fit with our team and a hard worker. So we hired her to join the medical assistant team. And we have been blessed and grateful for that decision from that day forward,” said Medical Director and Family Physician, Dr. Lacy Smith. “Ashley came to us with no experience, but what stuck out about her was her intelligence - she could pick up on almost any project with minimal teaching... and her work ethic. It wasn’t uncommon to look into the hallways and see Ashley truly running around trying to get everything done and be in all places at one time. You just don’t see that energy and desire to be good at your job demonstrated so palpably every day like we did with Ashley.”

After several years of working as an MA and becoming an indispensable member of the clinical team, Ashley decided to go back to school to become a Licensed Practical Nurse (LPN). She earned this degree successfully while continuing to work full-time for CMC.

But that wasn’t enough for her.

She very quickly then enrolled to become a Registered Nurse and successfully completed her training and was awarded her degree in 2017.

Throughout her time with CMC, in all of her roles, Ashley has excelled and been a true team player that could be counted on to get a job done and get it done well and efficiently. As a medical assistant, she quickly became known for being one of the fastest, as well as most expert team members. As a LPN, she grew even more into a leader in the organization, assisting in medical assistant training for individuals starting out like she once did. She also assisted the Quality Improvement Officer with quality report analysis, and annual wellness visits for all patients.

And in 2017, she became the Registered Nurse / Office Manager for Cahaba Medical Care’s largest clinic, the Centreville Office, and was put in charge of coordinating all aspects of the clinical workflows in Centreville to ensure high quality patient care and patient satisfaction while adhering

to the necessary clinical protocols and reporting.

“When I began my career at Cahaba Medical Care in 2012, I quickly learned that Ashley was knowledgeable and eager to provide accurate results in any task given to her. She is compassionate, caring, smart and mimics phenomenal nursing skills. It has been an honor working alongside her,” said Jackie Palmer, RN / Quality Improvement Officer.

“We are all so proud of Ashley... but also not the least bit surprised in her success. We consider ourselves lucky to have Ashley as a part of our team. She has the ability to make an organization better... and she has done that for us now for six years. We look forward to having her in the Office Manager role now to see how she can help us transform and improve the Centreville office even more,” said Dr. John B. Waits, CEO and Family Physician.





ADVOCATING FOR TEACHING HEALTH CENTERS ON CAPITOL HILL

ARNELYA CADE, ERNESTINE CLEMENTS, JAMIE BISHOP, LAURA HYER

This past spring, several of our Family Medicine Residents had the great fortune to participate in activities to advocate for the funding for their residency program at Cahaba Medical Care by driving to Washington D.C. to participate in Hill visits to advocate and educate on Teaching Health Centers.

“This past February, I joined Dr. John B. Waits, the American Association of Teaching Health Centers (AATHC), and other residents from various THC funded programs on Capitol Hill to help advocate for reauthorization of teaching health center (THC) funding,” said Dr. Ernestine Clements, DO, PGY-3. “This was my first time in my medical training and career actively advocating for not only my future, but the future of all current residents and potential residents of THCs. It was truly an amazing and enlightening experience. I got to speak with congressmen across our nation, impressing upon them the true impact of THCs in developing a future physician workforce that will often continue to stay in the communities that need them most. It was an eye-opening experience to be on the frontlines, to see some of the things THC lobbyists do on our behalf, but also what we need to do to advocate for ourselves,” said Clements.

“I had the pleasure of attending the National Association of Community Health Centers (NACHC) Policy & Issues Forum in Washington, D.C. this past March with my mother, Patricia Cade,” said Dr. Arneyla Cade, MD, PGY-3. “She and I advocated for reauthorization of Teaching Health Centers at several meetings with lawmakers on Capitol Hill. Because I was the only Family Medicine resident in attendance at this conference, I was often called on to speak on behalf of THCs around the country. Many of these THCs are based in federally qualified health centers (FQHC), and it was important for us to have a presence at this forum so that our funding issue did not get cast to the side at this meeting. Instead, it was an integral part of the discussion as a key reason to continue funding FQHCs. Not only are we providing needed healthcare services for underserved populations while training, but we also tend to stay in underserved areas and work after completing our training.



Therefore, we are essential to both the present and future healthcare infrastructure in rural and urban underserved America. It was indeed an honor and pleasure to represent Cahaba Medical Care and THCs around the country,” said Cade.

“Dr. Laura Hyer and myself attended the American Academy of Family Physicians’ Family Advocacy Summit in May,” said Dr. Jamie Bishop, DO, PGY-3. “Each year the AAFP hosts Family Physicians from around the country to visit Capitol Hill and discuss legislation issues with their Congressmen. The conference usually consists of a day of listening to speakers and prepping for the day on Capitol Hill. As a group, the AAFP advocates for many important

issues pertaining to family medicine and primary care. As two residents completing their residencies at a teaching health center, our main topic was advocating for continued funding for the teaching health program. The experience was very rewarding to both Dr. Hyer and myself. I have been to Washington, D.C. several times as a resident and a medical student. Each time I learn something new and feel empowered to be a voice for my patients and Family Medicine. My experiences advocating on Capitol Hill have created a sense of the need for continued advocacy even after my residency training ends.”



COMMUNITY & OUTREACH

This has certainly been a busy year for Cahaba Medical Care's Community Development Team. The arms of the organization have extended out to communities where each of our seven sites are located. We have established new relationships and built upon existing relationships with partners from previous years.

STAKEHOLDERS

With the opening of new locations and Cahaba Medical Care's expansion into new neighborhoods and communities, it was important to find a way to meet the community, learn its strengths and weaknesses, learn its needs, and meet people already doing good work. To this end, CMC established its stakeholder meetings. In each community served and in relation to each of CMC's six medical clinics, a stakeholder group was formed of individuals throughout each area that could provide insight into that community.

"It was important to us that we didn't come into a community assuming we knew what was best or what that community needed. We really wanted to come in with humbleness, knowing that every town has areas of pride, and every neighborhood has people who have been there their whole lives and know much more about the needs of the area than we do. So we wanted a way to meet those people, pick their brains, and ask them what we could do and how we could partner to help make their hometown better," said Dr. John B. Waits, CEO.

The stakeholder meetings happen three to four times per year for each medical office site. The goal is to meet more community members and learn from them the needs of that community... and then work on those projects and report back to the stakeholders what was accomplished and what

"The event was a fun way to engage the children in our community as well as to promote literacy efforts," said Dr. Waits. "We hope to be able to offer similar activities in future years."

is still being worked on. "We want to be held accountable for being a good neighbor and a blessing to the communities that we serve in," said Dr. Lacy Smith, CMO / COO. "The stakeholder meetings are a good venue to gauge both of these things."

REACH OUT AND READ SUMMER RX FOR READING SOMETIMES I FEEL SUNNY

The Reach Out and Read - Alabama Summer Rx for Reading was filled with emotions as CMC worked with the Reach Out and Read program to promote literacy and the importance of reading at several of its medical offices. We reached out to our community and were able to get fabulous readers for the events--Representative April Weaver (Woodstock), Dr. Andrea Williams White (Maplesville), Councilwoman Sheila Tyson (West End), and The Honorable Judge Stephanie Kemmer (Centreville). The children were engaged in activities about their emotions, including arts and crafts stations, fun snacks, and the reading of the selected book "Sometimes I Feel Sunny." At the end of the reading, each child was given emoticon-themed cups filled with treats and a copy of the selected book. "The event was a fun way to engage the children in our community, as well as to promote literacy efforts," said Dr. Waits. "We hope to be able to offer similar activities in future years."



BACK TO SCHOOL FAIRS

Starting with the 2017 school year, Cahaba Medical Care attended back to school fairs at Woodstock Elementary School, Maplesville High School, Bessemer National Night Out sponsored by the Bessemer City Police Department in Bessemer, and the Sista Strut Warm-up in Birmingham (West End) sponsored by Birmingham City Councilwoman Shelia Tyson. At these events, a total of 250 Cahaba Medical Care backpacks filled with school supplies were distributed to students prior to attending the first day of school.

Our promotional event, CMC Community Back to School Fun Fest, was held at our dental facility in Centreville. This event featured a free dental screening sponsored by CMC Dental Office and activities that included a live DJ, face painting, moonwalks, t-ball, duck pond, hoola hoops, and more. There were free hotdogs, drinks, and shaved ice. More than 250 Cahaba Medical Care backpacks filled with school supplies were given to children in the Bibb County

School System. In addition, special door prizes were given to students from selected grades.

BACKPACK BUDDIES PROGRAM

In 2017, Cahaba Medical Care continued its Backpack Buddies program, providing free weekend meals to underprivileged school children at Brent Elementary, Centreville Middle, Randolph Elementary, and Maplesville Elementary. Through business and private donations, CMC has been able to contract with West Alabama Food Bank to provide these weekly nutritious meals throughout the school year. During 2017 CMC provided approximately 150 weekly meals to these children. Additionally with the opening of its West End and Ensley clinics, CMC initiated a backpack buddies program in November 2017 at Bush Elementary in the West Jefferson area of Jefferson County, supplying free weekend meals to 50 children through a contract with Central Alabama Food Bank.





CAHABA GIVING

Here are other highlights of funds given by Cahaba Medical Care to support patient care needs and community development projects identified as needs by the local communities.



**TOTAL DONATED
TO COMMUNITY PROJECTS**
\$1,449,847

GIVING BREAKDOWN

BREAD BANK

In partnership with Sunbeam Bread and Bimbo Breads, CMC supplied weekly bread to its Centreville Food Bank and Maplesville medical clinic, as well as to senior centers located in Woodstock and Brent. Approximately 60-75 loaves of bread were distributed weekly to these locations.

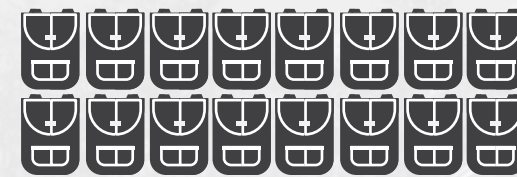
CHESS PILOT WITH BCHS

Beginning with the 2017-2018 school year, CMC began a chess classroom pilot program at Bibb County High School. Under this program, videos taught by national chess masters are shown to a class four days per week. One day a week, a live presentation is taught by a chess master as well. Fifteen students enrolled in the class and were given full course credit for passing this course. It is the plan of CMC to partner with other area high schools to expand this chess classroom pilot program in subsequent years.

WORKFORCE DEVELOPMENT INITIATIVES

During 2017, the Cahaba Medical Care outreach team began looking for ways to address the needs of its patients and others in the community in acquiring employment. Therefore, a workforce development program was developed. With the upcoming hiring of employees for a new manufacturing company in the area, collaborating with AIDT, a session was held in Woodstock, in April 2017. Following the session in Woodstock, a 6-week training program facilitated by the Alabama Cooperative Extension Services was implemented in Centreville. This program included a comprehensive job-readiness program with the possibility of a job interview with a potential employer. We extend our sincere appreciation to those collaborating agencies that worked with us and we look forward to offering similar programs in the upcoming year.

2017 BACKPACKS DISTRIBUTED



\$4,852 SPENT TO HELP WITH TRANSPORTATION



1,920
UNINSURED PEOPLE
SEEN FOR CARE

+ FOR **8,671**
UNINSURED
ENCOUNTERS

5,795 MEALS DELIVERED



158 GAS CARDS PROVIDED



CAR SEATS GIVEN OUT 23



BASSINETS GIVEN OUT 58



CAHABA SUPPORTED

- \$ The Studio
- \$ - EXERCISE CLASSES
- \$ - CHESS CLASSES



EXERCISE
SPONSORING WEEKLY FREE
ADULT EXERCISE CLASSES

PARTNERSHIP & SUPPORT



HELPING TO PROMOTE FINE ARTS
OPPORTUNITIES FOR CHILDREN ADULTS



**TRANSPORTATION
ASSISTANCE**
FOR PATIENTS UNABLE TO GET TO NEEDED
APPOINTMENTS



CHILD CARING FOUNDATION
PROVIDING FINANCIAL SUPPORT FOR THE SCHOOL
BASED HEALTH FAIRS AT EACH OF THE SEVEN BIBB
COUNTY SCHOOLS AS WELL AS PROVIDING STAFF TO
PERFORM THE SCREENING TESTS

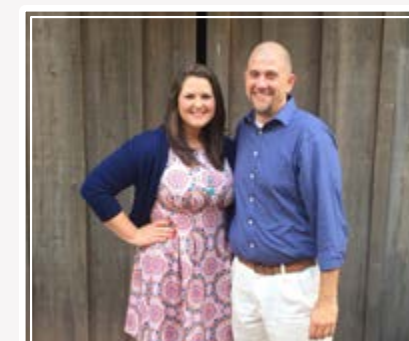
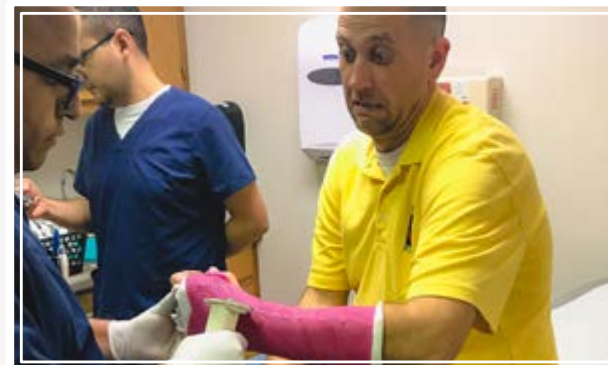


FREE DENTAL VOUCHERS
FOR PATIENTS IN NEED OF DENTAL WORK BUT
ARE UNABLE TO PAY

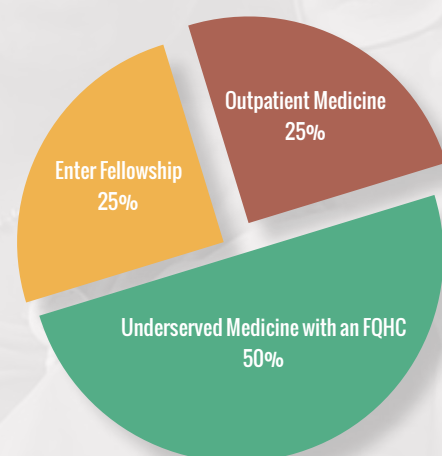


COMMUNITY CENTER
PROVIDING FREE FOOD AND CLOTHING TO ANY INDIVIDUAL
WITH NEED IN PARTNERSHIP WITH MANY COMMUNITY DONORS
AS WELL AS THE WEST ALABAMA FOOD BANK

TEACHING, LEARNING, HEALING



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



WHERE OUR RESIDENTS END UP

1st

Alabama's First & Only Teaching Health Center

12

Family Medicine Residents

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.



eVisit[®]

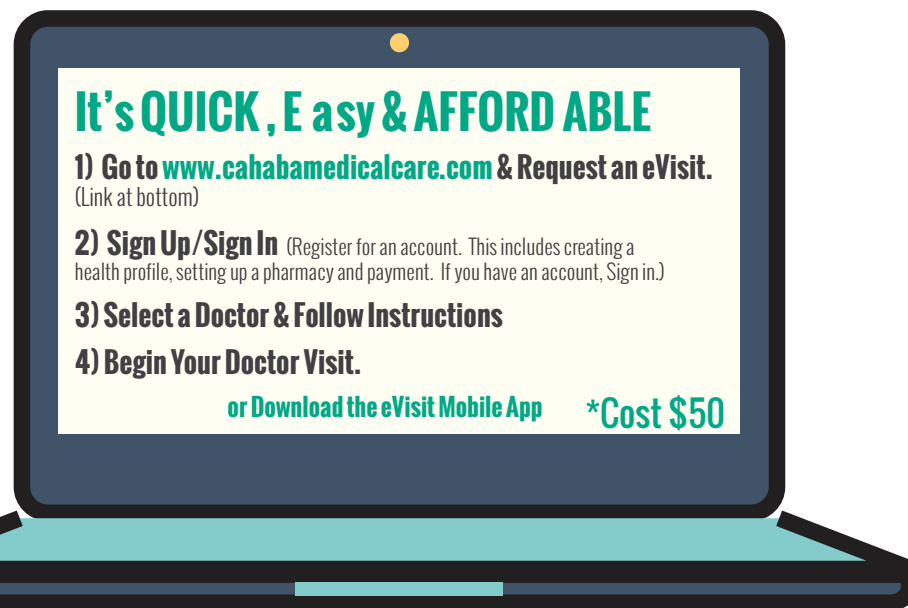
With the incorporation of additional locations, Cahaba Medical Care has also implemented electronic visits for patients utilizing the eVisit platform. The eVisit telemedicine platform allows the provider to connect and treat a patient anytime, anywhere via secure online video chat and/or the mobile app. Each half-day there is a provider on call to perform these electronic visits, no matter the primary location the patient utilizes for their care or if the patient has never been cared for at Cahaba Medical Care.

Patients can easily access this service via our website (www.cahabamedicalcare.com) and/or by utilizing the mobile app

(www.cahabamedicalcare.com) and/or by utilizing the mobile app without ever leaving the comfort of their own home. Patients can simply download the mobile app (eVisit Telehealth) using their smartphone, create an account, and schedule an eVisit. They are then notified via text or email that the provider is ready to see them for their visit via telemedicine. This service also allows the provider to call in medications for the patient to their local pharmacy and has proved to be a great addition to the services provided by Cahaba Medical Care.

A DOCTOR WITHOUT THE WAIT?

Our convenient eVisit[®]

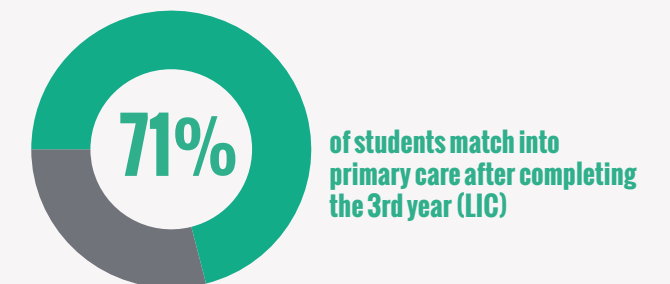


RESIDENCY DATA ON MEDICAL STUDENTS FROM LIC (PRIMARY CARE VS SUBSPECIALTY)

In 2017, Cahaba Family Medicine Residency began its fifth year of hosting and teaching third-year medical students from three different osteopathic medical schools: the Alabama College of Osteopathic Medicine (ACOM), the Georgia campus of the Philadelphia College of Osteopathic Medicine (GA-PCOM), and William Carey University College of Osteopathic Medicine in Mississippi.

Currently, the residency is hosting eight students who will be with CMC for the entire academic year (AY) as part of its longitudinal curriculum for third-year medical students, and this is the largest class of students CMC has taken thus far. In the 2013/14 AY, the residency took three students, and

all of who matched into primary care residencies, with two staying in Alabama. For both the 2014/15 and 2015/16 AY, the residency hosted two students, with one matching into primary care each year. CFMR had seven students last year, now all in their fourth year of medical school, with five committed to go into primary care.



AP BIOLOGY THE SECOND YEAR

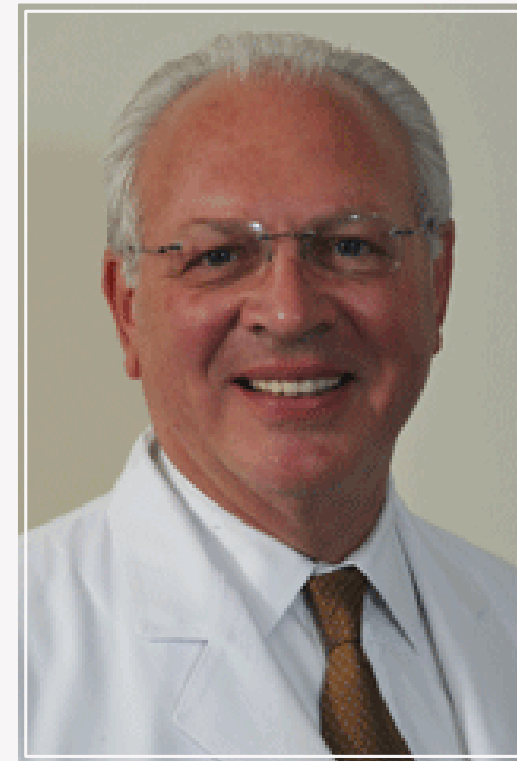
IN PARTNERSHIP WITH BIBB COUNTY HIGH SCHOOL

Dr. John B. Waits, assisted by Dr. Lena Gamble, Dr. Jamie Bishop, and Dr. Lacy Smith, entered into the second year of teaching AP Biology for Bibb County High School.

After the first year of teaching AP Biology, the schedule was altered to allow additional lecture time on Tuesdays and Fridays to mimic a college course schedule. Bibb County High School seniors came to the Cahaba Medical Care - Centreville Office on Tuesdays and Fridays for an hour and a half of interactive lecture and discussion. On Monday, Wednesdays, and Thursdays, the students would do “flipped classroom curriculum” utilizing Khan Academy and online video resources like the Great Courses videos. There are also several lab experiments led by Bibb County High School Biology teacher, Mr. Bobby Terry.

Many of these same students who identified as being interested in a career in science and medicine also did observerships and shadowing with the CMC providers and residents. Finally, all students were given a badge that allowed access to the clinic during office hours so that they could study and interact with the medical students and residents at work at CMC.

“It is definitely a time investment... but we have to do something to encourage kids from this neighborhood to know that they can do great things. It doesn't have to be medicine... but maybe it is for some of them. Our hope is that by exposing them to young people who are doing the hard work of pursuing a profession, we will encourage those interested in believing in themselves and doing the same thing,” said Dr. John B. Waits.



SPORTS MEDICINE FELLOWSHIP STARTS

In 2016, Cahaba Family Medicine Residency embarked on a partnership with Dr. Larry Lemak, founder of Lemak Sports Medicine and Orthopedics (Birmingham), with the hopes of opening an ACGME Primary Care Sports Medicine fellowship program beginning in 2017. This application for ACGME accreditation was approved, and in July 2017 Cahaba Medical Care welcomed its first sports medicine fellow, Dr. David Hardin, for one year of post-residency training in primary care sports medicine. Dr. Hardin, originally from Alabama, is board certified in internal medicine and completed his residency at Baptist Princeton Hospital in Birmingham.

Dr. Hardin's continuity primary care clinic occurs at Cahaba's West End clinic, and his training in Sports Medicine, including musculoskeletal ultrasound, sideline and locker room care, and other vital components of athlete care will occur at Dr. Lemak's numerous clinics throughout central Alabama, as well as with numerous high school and college sports teams with which Dr. Lemak is affiliated. Additionally, Dr. Lemak started an Orthopedic and Sports Medicine clinic in Centreville in early 2017, utilizing space at Bibb Medical Center's Specialty Clinic, where the Sports Medicine fellow will assist.

2017-18 INTERN CLASS

CFMR completed another successful recruiting season for Academic Year 2017-18. Four residents matched who matriculated into residency in July 2017. They are:



BROOKE CARROLL, MD

Dr. Carroll is originally from Camden, Alabama. She earned her Bachelor of Science from Auburn University with a major in Biomedical Sciences. She received her medical degree from the University of Alabama School of Medicine. Her interests include spending time with family, Auburn football, and going to the beach.



JEFFREY WEEKS, DO

Dr. Weeks, though originally from the Midwest, has lived in and around the lovely state of Alabama for the better part of the last 30 years. He obtained a B.S. in Health Administration and an M.B.A. from Auburn University. He graduated from the medical school at the Georgia Campus of the Philadelphia College of Osteopathic Medicine in 2017. He chose family medicine because he wanted to be able to take care of his patients through each stage of life, and he enjoys taking care of the medical needs of entire families. He spends his time away from work with his loving wife and two amazing daughters. When time allows, he enjoys scuba diving and playing racquetball.



CHRISTINE WHITEN, DO

Dr. Whiten is from the town of Trussville, Alabama a suburb surrounding Birmingham. She attended medical school at the Philadelphia College of Osteopathic Medicine - Georgia Campus and graduated in May of 2017. During one of her required rotations at CMC, she fell in love with the idea of practicing full-scope rural family medicine and of course the people at Cahaba. Her hobbies include playing volleyball, biking, hosting/attending game nights, watching movies, Alabama Football, listening to music, traveling, and spending time with her family and friends.



JOHN WRIGHT, DO

Dr. Wright is a native of Indianapolis, Indiana. He holds a bachelor's degree in Computer and Information Technology from Purdue University and is a graduate of Marian University College of Osteopathic Medicine in Indianapolis. He was active in ROTC as an undergraduate and served as an officer in the US Army for five years before pursuing medicine. He loves Jesus Christ and is passionate about serving others through primary care. Dr. Wright has a special interest in Osteopathic Manipulative Treatment—a hands-on approach used to diagnose and treat musculoskeletal pain. Outside of medicine, his interests include the outdoors, black coffee, movie soundtracks and good fellowship with friends.

2017 RESIDENCY GRADUATION

Cahaba Family Medicine Residency's third annual graduation ceremony was held on June 27, 2017 at The Oaks, and was well attended by faculty, staff, family, and community partners to honor the successful culmination of the medical training of Dr. Olatunde Bosu, Dr. Lenord Burwell, Dr. Lena Gamble, and Dr. Daniela Rodriguez.

CFMR was honored to have Dr. John Meigs, long-time Centreville family physician and current president of the American Academy of Family Physicians, deliver the commencement speech.

All four of CFMR's graduates successfully completed their residency career and are currently working full time. Dr. Olatunde Bosu went on to pursue a fellowship in addiction medicine in Pennsylvania. Dr. Lenord Burwell went on to pursue a fellowship in hospitalist medicine in Pennsylvania. Dr. Daniela Rodriguez is working in Memphis, Tennessee for a non-profit community health center. Dr. Lena Gamble accepted a rural / international fellowship position with Cahaba Medical Care and is currently working at the Ensley office.

Other residents honored at the graduation included Dr. Ernestine Clements (PGY-2) and Dr. Nicholas

Darby (PGY-1), recognized for having the highest In-Training Exam scores amongst all the residents. Dr. Jamie Bishop (PGY-2) was recognized with the Humanism in Medicine award, voted on by the staff at CMC for the resident who best manifests the ideals of a Family Medicine physician, including compassion in clinical care, respect for patients and their families, and clinical excellence. Dr. Bishop was also honored as the recipient of the AFMRD Resident Advocacy award, which recognizes residents who have demonstrated skills and interest in legislative or regulatory advocacy and, by doing so, impacted the future of healthcare and family medicine. Dr. Olatunde Bosu (PGY-3) received the AFMRD Resident Scholarship award, which recognizes resident scholarly activity and, by doing so, promotes increased capacity building in family medicine research and scholarly activity. Finally, Dr. Edward Williams (PGY-2) was honored with the Rocky Balboa Family Medicine Training award, given to the resident who demonstrates tenacity and consistency in having "agency" over their own personal and professional education, learning goals, and board preparation by utilizing CFMR's "flipped classroom" curriculum to its highest degree.



MISSION TRIPS

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.

Dr. Waits and Dr. Smith thought this experience important enough to teach residents about underserved communities throughout the world and to broaden their worldview to something outside of the United States, that CFMR provides a stipend for an international rotation one month out of each year of residency.

Each of the following stories recounts the personal experiences of each resident and shows that health is not just a world issue, but a worthy one.





JAMIE BISHOP, DO

My mission trip to Uganda was spent with a team from Sixty Feet. Their mission is to serve and take care of imprisoned children in detention camps and remand homes throughout Uganda. The main office of Sixty Feet is located in Kampala. During my time in Kampala, I traveled with the team to some of the outlying camps scattered across Uganda.

I worked with their medical director, Dr. Ray Elsayed, helping to treat and take care of the children. Dr. Ray also held his own private clinic, taking care of people in the 'slums', one of the poorest parts of Kampala. He spent one of his only afternoons off seeing as many people as he could in the two-room, dirt-floor house of one of his friends.

The team at Sixty Feet not only provides medical care to the children in the remand camps and detention centers, but also helps them to relocate to their homes, find their families and pay their school fees, giving them a firm foundation to become functioning members of the society in Uganda. The team also brings the Word of God to these children through scripture and worship. My mission trip to Uganda was an amazing experience learning not only medicine, but also about African culture and witnessing the wonderful giving nature of the team at Sixty Feet.

UGANDA



NORTHWEST PROVINCE OF ZAMBIA

LENA GAMBLE, MD, PHD

Mukinge Missions Hospital is a 200-bed hospital situated in the Northwest province of Zambia. The five staff doctors (and several visiting physicians throughout the year) service the needs of ~100,000 people living in the Mufumbwe and Kasempa Districts. I arrived to find the weather mostly wet, the people extremely hospitable, and the team of missionaries excited about having help. In this desperately poor area of the country where most people rely on farming to meet the needs of their families, healthcare is not only scarce, but all too often, it is not a very high priority for the patients. This leads to their seeking help when diseases have reached a much higher level of acuity than is often seen here in the states. Despite this challenge and the limited availability of diagnostic tools and treatment options, I was able to witness firsthand the consistent effort to maintain the highest level of care possible for every patient.

My main focus during this trip was to attempt to improve diagnostic capability through use of ultrasound - a relatively inexpensive portable tool with multiple uses. In an effort to expand my own knowledge about the usefulness of point of care ultrasound (POCUS) in a resource-poor healthcare setting, I reached out to multiple companies and found that Fujifilm allows professionals to borrow portable ultrasounds for service trips in other countries. Although I was very excited about the implications of using this technology in this setting, I wasn't sure about the possibilities of training others in its use or options for providing the equipment. I did find that the other physicians, especially the clinical officers (equivalent of our nurse practitioners) were very interested in learning along with me. One CO, Lewie, literally followed me around every chance she could get and often stayed late in the evenings as we pored over an excellent ultrasound book we found in the hospital's library. Her companionship made the studying more fun, and we constantly asked for patients during rounds whose conditions might be further evaluated with ultrasound. Due to the high interest in using this low-cost diagnostic modality, I am still attempting to find donors for teaching aids and portable ultrasounds for use at Mukinge Hospital in Zambia. I'm looking forward to visiting one day and seeing this technology being used at the bedside.



TOGO

LAURA HYER, MD

In March of 2017 as a PGY2, I found my second home in Mango, Togo at the Hospital of Hope. Togo is a very small country in West Africa where the national language is French. The Hospital of Hope has been around since March 2015 and has been serving thousands of patients in a broad radius in this forgotten land. During my time in Mango, I managed patients in the adult medicine ward, Pediatrics, NICU, Adult ICU, Emergency room, outpatient clinic, maternity ward, and in the bloc (operating room). One particular patient stole a piece of my heart for good. Amida, at the young age of three been abandoned by her parents due to severe illness, later found to be a malignant abdominal tumor. She was emaciated and receiving nutrition and chemotherapy at the hospital. We enjoyed walks outside the wards, golf cart rides around the compound, coloring with crayons, and watching the “Jesus Film” in a local tribal language. It was evident that this child had never been shown unconditional love before. Each and every patient who walks through the front gates of the compound is given the opportunity to be prayed for and told of the love that our Savior Jesus Christ has for them. I am very much looking forward to returning to build on the relationships with the beautiful people of Togo.



INDIA

ERNESTINE CLEMENTS, DO

In May of 2017, I had the amazing opportunity to spend my medical missions month in India. I went with a well-established service-learning program called Child Family Health International (CFHI). This time, I got to combine my public health background with my love for working with vulnerable and underserved populations. I spent time learning much about the many public health systems in place to address not only sanitation, which is a heavy burden there, but also the needs of many of the vulnerable populations of India, including women, children, those living in slums, those affected by drug and alcohol abuse, and those living with HIV. During my time there, I helped with health screenings on the ground and in the hospital setting. I also did many home visits. CFHI also encouraged cultural immersion, so I explored and experienced northern India as well. Each day was different - a new adventure and a new learning opportunity, which reminded me of life at Cahaba. At the end of my journey in India, of course, I was sad to go after living with my host family for a month, but I was also excited to return back to my family at Cahaba evermore grateful for a residency program that continues to support learning and mission opportunities such as this.



BRAZIL

LENORD BURWELL, MD

My 2017 International Mission Elective took place at Neurocardio Hospital and Universidade Federal do Vale do São Francisco Hospital in Petrolina, Brazil. This elective gave me the opportunity to enhance my training in a variety of medical settings, including outpatient medicine, hospitalist medicine, and advanced endoscopic procedures. I would highly recommend this international medicine elective to incoming residents as a means of expanding their health care knowledge and bringing their talents to those in need abroad.



MEMPHIS, TN

DANIELA RODRIGUEZ, MD

For my medical mission rotation I went to Memphis, Tennessee. I spent two weeks with Christ Community Health Services, which is a medical group who takes care of the underserved population there. I had a wonderful experience over there. I chose to go there and not on an international rotation because I wanted to experience what it is to take care of this population here in the United States. I grew up in Venezuela, and I understand the challenges of taking care of the underserved in developing countries. Also, I wanted to go to a place where my patients speak Spanish and can fully express their needs or concerns in their language, and I also wanted to serve in a place with a Latin population (about 17% of the patients are hispanic), because they remind me of my roots and customs. They have seven medical centers. I worked in 2 of their clinics with one of their pediatricians, one of the OB/GYNs, one of the nurse practitioners and one of the family medicine doctors. I enjoyed relating with them and learning about their wonderful system and approach to the patients. I was impressed with their passion for Jesus Christ and their disposition to help people in such a lovely way. I am looking forward to working with them and for them to serve this beautiful community starting in August 2017.



HAITI

ARNELVA CADE, MD

For my 2017 missions trip I had the opportunity to go to Grand Goave, Haiti, with Lifeline Christian Mission in May. The trip was about eight or nine days long but was packed with activities. I started my time there assisting other missionaries build homes for two families in Haiti. I never thought getting my hands dirty could be so fulfilling. From there, we went on to visit the young girls who lived in the Children’s Home on the Lifeline campus. Despite their circumstances, they were filled with so much hope and joy. Once the weekend was over, we dove right into clinic. I was able to work alongside Haitian natives and other missionaries providing outpatient medical care to hundreds of people that lived in and around Grand Goave. We ended our time there by going out into the community and delivering gifts to new moms, as well as participating in Haiti’s Flag Day celebration parade. My time there was very rewarding, and I plan to return there for my next medical missions trip.





CHASITY GIBSON, PA-C

RWANDA

In March 2017 I spent two weeks on a medical mission trip to Rwanda, Africa. A significant portion of my trip was spent in the rural villages of Gahara and Muyumbu. These populations consists of uninsured, undereducated, and vulnerable children and adults with little to no access to healthcare. The majority of their medical knowledge comes from old myths passed down from their elders or personal experimentation.

The medical training we provided focused on teaching health-related principals that people can put into practice with the resources available to them. Through discipleship, people learned that our bodies are the temple of the Holy Spirit. We emphasized that if they learned to take care of their bodies, they would be better equipped to do what God has called them to do.

The majority of the men and women spend their days working in agricultural fields and subsequently suffer from lower back pain. Therefore, we spent time educating them on physical therapy exercises, stretching, and proper back mechanics. In addition, we instructed a class on infant and adult CPR and choking relief. Lastly, we discussed family planning methods, basic first aid, and personal hygiene.

Everyone we encountered was very grateful for their new knowledge and eager to apply the principles that we shared with them. We were able to build lasting relationships with the people of Gahara and Muyumbu. My intention was to teach them how to better care for themselves and live a healthy lifestyle. In the end, the humility and compassion I learned from them proved to be as valuable as the education we provided.



SHOAB MAHMOOD, MD, CPA, MBA

HAITI

During March 2017, I had the pleasure of taking my first medical mission trip to Haiti. I was accompanied on this mission trip by Dr. Olatunde Bosu. We went on this mission trip with the organization IMANA (Islamic Medical Association of North America). IMANA has been doing multiple medical mission trips annually to Haiti since the 2010 earthquake. We were part of a 15-member mission team that provided medical care for one week to the poor Haitians that otherwise would not have had any access to medical care.

The medical care was provided to the patients at Hope Clinic located in Miragoane, Haiti. The Hope Clinic was built by IMANA in 2010 and has been the location for all of IMANA's Haitian medical mission trips. Every day the clinic started at 8AM, but people were lining up outside the clinic starting around 5AM. Daily, the medical team provided care to 300-350 patients, totaling about 1,500 patients for the whole mission trip. Not only were these patients provided free medical care but they were also given free medications that were paid for by IMANA and brought from the USA by all of the team members. When necessary, we also performed a few minor surgical procedures during the trip. In addition to seeing patients at the clinic, one day the team members also visited a local orphanage (Madinah Orphanage & Academy) and provided free physical exams and medications for all of the children. On the last day, the team members were taken out to the local beach in order to admire the beauty of Haiti that still exists after the earthquake's destruction.

Overall, I felt it was a great learning experience, as well as a very rewarding first medical mission trip for me. Not only did I learn about a few tropical diseases, more importantly, I learned how to practice medicine with very few available resources. In addition, I learned how to adapt and live in conditions that do not include all the facilities that we are accustomed to in the USA (i.e. running water or a flushing toilet). It is heartbreaking to know that the Haitians are living in these conditions daily, for past seven years and many more years to come. I would love to go back on another mission trip there if the opportunity arises and give some help to the great, friendly, loving people of Haiti. Thank you, Cahaba Family Medicine Residency Program, for providing me with this opportunity to serve others in dire need of medical care.



CAMBODIA

NICHOLAS DARBY, MD

With my wife, I visited Cambodia, a land of glistening beauty and a kingdom of heart-warming smiles. We worked with Cambodia Christian Ministries for a month under the care and direction of its founder, Mr. Sokhom Hun. What he has established among this generous nation is truly special, and I have never seen anything like it. Mr. Hun escaped to the United States for asylum from the genocidal regime that killed a quarter of the country's population 30 years ago. After 15 years in the United States, he felt called to return to Cambodia, where he established medical clinics, a preacher training school, and orphanage support under the new organization, Cambodia Christian Ministries. While in Cambodia, I was able to both work alongside and to relieve the organization's national physicians. The medical education that surges from an experience like this one, filled with tropical diseases, immersed in cultural perceptions of disease, and touched with black magic, is priceless. I was humbled by the many people who traveled a long way with various maladies to see me, the American physician, and I was again humbled by everyone at the organization demonstrating gratefulness for the increased clinic traffic and contacts that were made. The organization's three national physicians, my wife, and I also went on two "short-term" mission trips elsewhere within the country, during which we saw a total of about 200 patients per half-day. This trip was such a blessing to me and my wife—fostering personal growth, a maturing outlook on world missions, developing cultural competence, and creating cherished relationships and memories.





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