

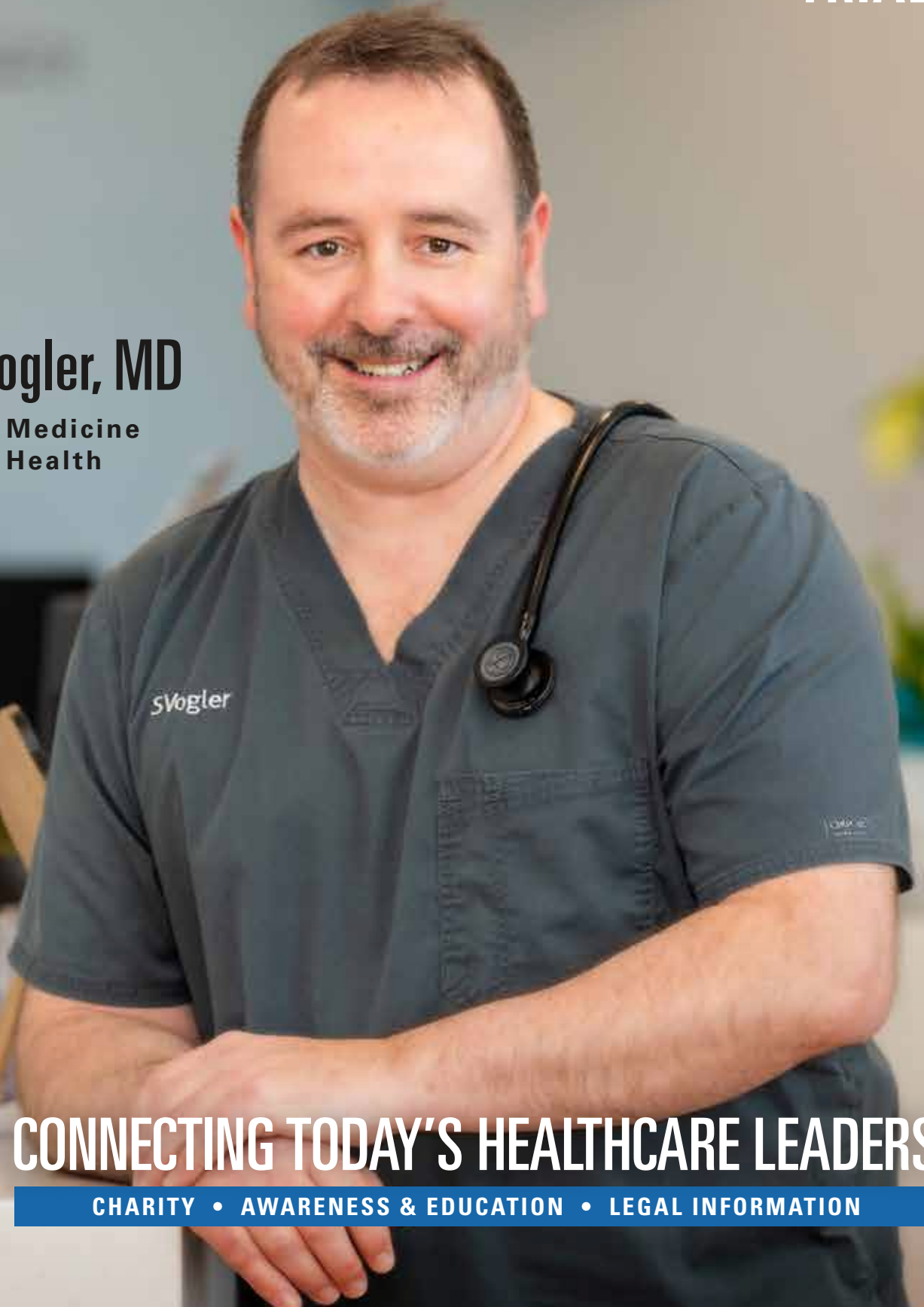
# MEDICAL PROFESSIONALS

May 2023

## TRIAD

**Scott Vogler, MD**

Family Medicine  
One Health



**CONNECTING TODAY'S HEALTHCARE LEADERS**

CHARITY • AWARENESS & EDUCATION • LEGAL INFORMATION

# Best maternity care in Forsyth County

Novant Health Forsyth Medical Center, delivering excellence for your patients

When your patients need maternity care, send them to the only hospital in Forsyth County recognized by *U.S. News & World Report* for high-quality labor and delivery services. At Novant Health Forsyth Medical Center, we're proud to achieve that recognition — but prouder still to deliver the remarkable care our maternity patients deserve.



Novant Health Kernersville Medical Center is expecting! Deliveries begin in February 2024.



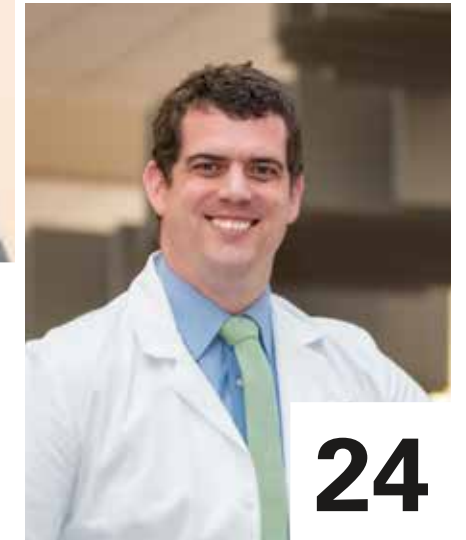
# CONTENTS



8



20



24

## MP+ MEDICAL PROFESSIONALS

**PUBLISHER**  
Denise Hurley  
denise@n2co.com

**PHOTOGRAPHY:**  
Aesthetic Images Photography  
Jeff Hyde, LRP  
jeff.hyde@aestheticimages.net

**CREATIVE TEAM**  
N2 Design Team

## Featured

**8** **FEATURED PHYSICIAN**  
*Scott Vogler, MD*

**20** **SPECIALIST SPOTLIGHT**  
*Molly Hartzler, MD*

**24** **RISING STAR**  
*Scott J.B. Nimmons, MD*

## Departments

- 4 FROM THE PUBLISHER
- 5 SPECIALIST
- 6 CHARITY
- 16 AWARENESS & EDUCATION
- 19 BOOKSHELF
- 28 LEGAL INFORMATION

**DISCLAIMER:** Any articles included in this publication and/or opinions expressed therein do not necessarily reflect the views of The N2 Company d/b/a Medical Professionals but remain solely those of the author(s). The paid advertisements contained within the Medical Professionals magazine are not endorsed or recommended by The N2 Company or the publisher. Therefore, neither The N2 Company nor the publisher may be held liable or responsible for business practices of these companies.

# from the PUBLISHER

## Summer is on the horizon!

I hope you have been enjoying the warmer temps! I love this time of year when it is warmer, but not quite “hot” yet! This month we are excited to highlight a few different specialties.

Our featured physician this month is Scott Vogler, MD, practicing Family Medicine with One Health. He grew up between King, NC, and Clearwater, FL, and felt like he had two homes in two states that were each quite different. He chose to attend medical school because it seemed interesting and ended up really liking it. In his third year, he realized that he had made the right choice.

At One Health, the focus is to care for all patients, populations, and providers. Better health, equity, dignity, and partnership. They want to equitably care for each patient of every population. When a cure is no longer realistic or possible, they provide the patient with comfort and dignity to transition from this life to the next. He is motivated by his desire to help patients and providers move forward, never backward, and also wants to provide for and protect his family and facilitate their future.

Our Specialist Molly Hartzler, MD, specializes in Orthopaedic Surgery and Total Joint Arthroplasty for Atrium Health Wake Forest Baptist. She actually graduated college with an undergrad degree in Biology and a secondary education teaching certificate and spent her first two years out of college teaching middle school science. While she found it challenging, she wanted a different type of challenge. Her brother who was in medical school at the time suggested she shadow some physicians and consider applying. After shadowing some general surgeons, she loved it.

As a third-year student, she was able to rotate in orthopedic surgery and remembers watching a hip replacement thinking “This is totally bonkers. I can’t believe we can do this type of surgery.” Orthopedics is a very mechanical specialty, and she enjoys that aspect of it and finds it very satisfying that she has an immediate impact on people’s lives.

This month’s Rising Star Scott J.B. Nimmons, MD, specializing in brain and spine surgery for Novant Health, grew up in Houston, TX, and wanted to be a doctor since his grand-

mother gave him a toy stethoscope and doctor’s kit when he was six or seven years old. Even then he found a profound sense of fulfillment from “patching up” action figures and obliging siblings. As a college athlete, he was able to shadow some of the team physicians at Rice University and was inspired to continue the trajectory and make their vocation his own.

One of the reasons he was drawn to spine surgery was that a surgeon can have an immediate impact on a patient’s quality of life after just a few hours of surgery. He also liked how spine surgery can incorporate diverse elements of surgical practice. One case may be addressing arthritis, while the next might be a deformity or trauma case. That challenge motivates him to strive for excellence each day.

We hope you enjoy this issue. To learn more about who is being featured each month, follow us on Instagram @medicalprofessionals.triad. To see what is going on with your peers in the Charlotte area, follow us @medicalprofessionals.charlotte.

As always, please reach out if you would like to nominate a healthcare professional to be featured, if you would like to provide content, or if you would like information on sponsorship opportunities.

Happy reading!

### Denise

704-654-8042  
denise@n2co.com  
@medicalprofessionals.triad  
@medicalprofessionals.charlotte

# SPECIALIST

Local Medical Specialists



**GASTROENTEROLOGY**  
**Gastroenterology Associates**  
**of the Piedmont, P.A.**  
21 providers across  
Winston-Salem,  
Kernersville & Clemmons  
336-448-2427

**GAPGI.com**

**GENERAL SURGERY**  
**Central Carolina Surgery**  
1002 N. Church St., #302  
Greensboro, NC 27401  
336-387-8100

2905 Crouse Ln., #201  
Burlington, NC 27215  
336-350-7968

132 W. Miller St., Suite C  
Asheboro, NC 27203  
336-626-3203

**INTERNAL MEDICINE**  
**NEUROSURGERY**  
**Novant Health – Neurosurgery**

**Novant Health Brain & Spine**  
**Surgery – Kernersville**  
*Michaux Renata Kilpatrick, MD*  
1730 Kernersville  
Medical Parkway, Suite 204,  
Kernersville, NC 27284  
336-515-7336  
Fax: 336-515-7339

**Novant Health Brain & Spine**  
**Surgery – Kimel Park**  
**Spine Team**  
*Mark Andrew Hnilica, MD*  
*Rashid Mazhar Janjua, MD*  
*William Ray Brown Jr, MD*  
*Chase Gregory Bennett, MD*  
*Scott Joseph Bellamy*  
*Nimmons, MD*

*Mark Lyerly, MD*  
190 Kimel Park Drive,  
Suite 155,  
Winston-Salem, NC 27103  
336-765-6637  
Fax: 336-765-6964

**ORTHOPEDICS**  
**EmergeOrtho**  
3200 Northline Ave.  
Greensboro, NC 27408

336-545-5000  
336-545-5001  
336-545-5002  
Therapy Services

**PAIN MANAGEMENT**  
**Carolinas Pain Institute**  
*Kamal Ajam, MD*  
*James Deering, MD*  
*Nancy Faller, DO*  
*Christopher Gilmore, MD*  
*Carrie Johnson, MD, PhD*  
*Leonardo Kapural, MD, PhD*  
*James North, MD*  
*Richard Rauck, MD*

145 Kimel Park Drive,  
Suite 330  
Winston Salem, NC 27103  
336-765-6181  
  
330 Billingsley Road, Suite 210  
Charlotte, NC 28210  
704-545-8242

**CarolinasPainInstitute.com**

**Novant Health**  
**Spine Specialists**  
*Jugal Dalal, MD*  
*Jeffrey Peacock, MD*  
190 Kimel Park Drive, #140  
Winston-Salem, NC 27103  
336-277-2225  
Fax: 336-277-2231

**Novant Health**  
**Spine Specialists**  
1226 Eastchester Drive, #200  
High Point, NC 27265  
336-481-8670  
Fax: 336-481-8679

**Novant Health**  
**Pain Management**  
*Kent Willis Cochran, MD*  
152 E. Kinderton Way,  
Suite 101  
Bermuda Run, NC 27006  
336-893-3210  
Fax: 336-893-3229

*Jeffrey Edward Peacock, MD*  
190 Kimel Park Drive,  
Suite 140  
Winston-Salem, NC 27103  
336-718-7063  
Fax: 336-277-0588

*David Andrew O’Toole, MD*  
1730 Kernersville Medical  
Pkwy, Suite 204  
Kernersville, NC 27284  
336-515-7336  
Fax: 336-515-7339

*Lori Love, NP*  
211 Old Lexington Road  
Thomasville, NC 27360  
336-474-8153  
Fax: 336-474-8159

\* Visit [NovantHealth.org/](http://NovantHealth.org/Home/Services/Pain-Management)  
*Home/Services/Pain-Management* for  
*additional locations.*

**SURGERY**  
**Novant Health**  
**Breast Surgery**  
*Judy Tjoe, MD, FACS*  
3515 W. Market Street,  
Suite 300  
Greensboro, NC 27403

**NovantHealth.org**

**WOMEN’S CARE**  
**Lyndhurst Gynecologic**  
**Associates**  
445 Pineview Drive, #110  
Kernersville, NC 27284  
336-993-3290

304 Mountainview Road  
King, NC, 27201  
336-765-9350

1908 Caudle Drive, #101  
Mount Airy, NC 27030  
336-789-9076

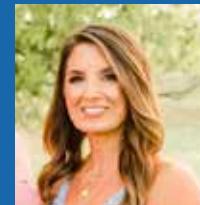
111 Hanestown Court, #151  
Winston-Salem, NC 27103  
336-765-9350

**Lyndhurstgyn.com**



**PUBLISHER**  
**Denise Hurley**

denise@n2co.com  
704-654-8042



**PUBLISHING**  
**MANAGER**  
**Kathleen Kopay**

kathleen.kopay@  
n2co.com  
864-275-2929



**PHOTOGRAPHER**  
**Jeff Hyde, LRP**

jeff.hyde@  
aestheticimages.net  
336-275-9797



TO ADD YOUR PRACTICE TO THE LIST, PLEASE REACH OUT TO DENISE@N2CO.COM



# CONTINUING THE MISSION

Continuing the Mission (CTM) is a 501(c)(3) non-profit organization in North Carolina, established in March 2016. CTM works to fulfill its mission by improving the quality of life for North Carolina Veterans living with Post-Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and Military Sexual Trauma (MST) and their families by providing them with high-caliber Assistance Dogs at no cost. To date, CTM has successfully placed twelve dogs with their Veterans. Our goal is to place three to four Assistance Dogs annually. CTM's service emphasis is focused on supporting those transitioning out of active military service.

The dream for CTM was born when our Executive Director, Suzy Lutz, met a young woman with a black lab puppy while in a training class with one of her own dogs. The young woman was quiet and kept to herself, but as the weeks progressed, she started to interact and smile more. Suzy watched her blossom into a

vibrant woman, full of life, throughout the training class. The young woman was usually accompanied by her parents, who shared with Suzy that their daughter was a Gold Star Family member and that the puppy was a gift from them to help her through her grieving process. Suzy was so moved by the change in this young woman, brought about by a chubby little black lab puppy, that she felt compelled to search for opportunities to change lives through dogs. As Suzy's husband, Robert, embarked on his final deployment to Iraq, she initiated the paperwork of establishing Continuing the Mission.

Almost one-quarter of United States military personnel deployed to the Middle East since 9/11 have returned with diagnostic symptoms of Post-Traumatic Stress Disorder (PTSD; Fulton et al., 2015). PTSD is a significant risk factor in military suicide. In one study of Army service members, those who died by suicide were 13 times more likely to have



received a PTSD diagnosis compared to all Army service members (Black, Gallaway, Bell, & Ritchie, 2011). Similar rates of suicide are seen among Veterans.

According to the Veteran's Administration 2020 findings, an average of 17.6 Veterans a day took their life in 2018. Veterans are at a 50% higher risk of suicide than their

peers who have not served. PTSD, which can occur after exposure to a traumatic event, is characterized by avoidance, negative alterations in cognition and mood, anxiety, and hyperarousal (American Psychiatric Association, 2013). Assistance Dogs can be used to ground a person in the present, interrupt anxious behaviors (similar to biofeedback), be positioned in modified heel positions to add support in crowded places, turn on lights to interrupt nightmares or illuminate dark places upon arrival, retrieve needed objects including medicine and water bottles, and apply deep pressure to prevent or stop panic attacks.

CTM utilizes a two-tier training approach beginning with dedicated volunteer puppy raisers for the first year. First-tier puppy raisers attend weekly CTM training sessions and then continue to work those skills at home. They also strive to expose the puppy to as many social life experiences as possible. The second-tier involves advanced obedience and task training facilitated and led by CTM's Director of Assistance Dog Training. All CTM dogs must pass the AKC Canine Good Citizen (CGC) test, CGC-Community, and CGC-Urban before being accepted into the advanced program. This generally occurs when the dog is 14 months of age. Once accepted into the advanced program, the dogs begin advanced obedience and task training.

Veteran-dog teams (Veteran Teams) are required to recertify annually and provide documentation from a veterinarian that the dog's vaccinations are current and the dog is heartworm negative. CTM provides Assistance Dogs to Veterans, but it is more than just handing a dog over, we truly are partners with purpose. Follow-up training and support are consistently offered after pairing – dogs alone are not the magic solution. Assistance Dogs can be a very effective tool in a Veteran's PTSD toolbox. CTM applicants are required to participate in PTSD treatment for at least three months prior to receiving their dog and must agree to continue in treatment for at least six months after receiving their dog in order to be eligible.

Continuing the Mission is always looking for puppy raisers, foster families for young dogs, and respite care homes for weekends and holidays. Monetary donations are used for veterinary care, quality food, supplies such as beds, vests, collars, leashes, crates, toys, and of course training.

For more information: <https://continuingthetmission.org> \*



# Scott Vogler, MD

Family Medicine // // // // One Health



## FUN FACTS

- He is from King, NC (near Winston-Salem), however with divorced parents he also spent elementary, middle, and high school years between King, NC, and Clearwater, FL. He said this certainly influenced his development and interaction with friends and strangers, and he always had the “wrong” accent in each environment. Therefore, he feels he really had two homes in two states that were quite different.
- He has visual memory, not photographic but close, which he says comes in very handy for medical applications and event reconstruction. He admits that while it is a blessing most of the time, he can also see past bad/sad events with equal clarity.
- He has been practicing medicine for 22 years as a family physician, claiming he is an expert of nothing and an expert of everything.
- They have several family pets two dogs, two cats, and four turtles – and since his daughters have been there they have also had too numerous fish, frogs, and millipedes to count.
- When asked for something that would surprise people to learn about him, he said he had a natural blonde spot in his hair into his 30s, but it is now just a growing bald spot (no surprise here, he says!).

## How did you get your start in medicine?

Ironically, I chose to attend medical school because it seemed interesting, and I liked school. I realized in my third year that I had made the right choice.

## What makes One Health unique in our community?

Our focus is to care for all patients, populations, and providers. One Health is an independent partnership between physicians/providers and Atrium Health Wake Forest (and now Advocate Health) to deliver full-spectrum primary care to all patients in our communities and enhance health along with fiscal responsibility. We constantly seek to grow our provider team to embrace full patient access while accepting the responsibility of population health delivery.

## What are your goals for your patients and your practice?

Better health, equity, dignity, and partnership. We strive to improve and then maintain the health of our patients. We want to equitably care for each patient of every population. When a cure is no longer realistic or possible, we provide the patient with comfort and dignity to transition from this life to the next. Our providers work together with each other and our patients to accomplish these goals. Family = Team.

## Tell me about the culture of your practice.

We take care of patients and each other. One Health has added five practices and over 25 providers in the Winston-Salem region in less than two years, spanning from pediatrics in King, NC (from my childhood pediatrician who served over 42 years) to family medicine in Mocksville, NC.

## How would you define quality care?

Access, accuracy, accommodation, and compassion. Government/insurance and health systems now define quality far differently than patients and most providers would define quality.

## In your opinion, what are some of the biggest issues facing primary care providers today?

Time has become ever short. Time to train physicians. Time to be face-to-face with patients has

shortened. Time to perform data entry for Epic and the benefit of government/insurance/system has expanded greatly. Actual time with family has become severely threatened, or at least the time to be a high-quality physician and father has been compressed, and are now in conflict.

Addressing “work/life balance” in medicine slips close to neglecting one over the other. I am not sure this equation can be solved in modern US (United States) medicine on an individual basis. However, by using teams of various healthcare providers, creative home, and office solutions, providing greater access, and reducing the overwhelming administrative/EMR burden currently infecting health systems we have hope for a better evolution.

## What motivates you?

I want to help patients and providers move forward, never backward. I also want to provide for and protect my family and facilitate their future.

## What concerns if any, keep you up at night?

The trajectory of the US health system, especially primary care. Bi-directional social inequity continues to evolve and divide our people and nation. Perceived societal degradation of how precious every life is in every situation really manifests.

## What keeps you engaged when things get hard in your practice?

Mission, care for patients, and remembering my own family. Physicians and parents have a duty to their families and patients. Service requires sacrifice, but the reward of patient improvement is sweet.





**How do you try to maintain a balanced life outside of work?**

It is difficult in the modern world. We must keep time sacred yet it is becoming almost impossible. We must build teams of providers and then care assistance teams around them to meet the growing demands of an aging US population during an economic contraction and progression toward further financial chaos which has the potential to further cripple care delivery and degrade remaining population resources.

**Have you ever been close to quitting or changing careers? If so, how did you stay engaged and push through?**

Faith, family, and purpose. I resigned from clinical practice over ten years ago to teach residents and improve balance from the issues I previously mentioned.

Two years ago, I made a career choice for my patients and myself to join One Health in its infancy to grow a partnership founded on access, equity, patients, and providers with Atrium Health. Although difficult at the time, I am 100% convinced this was the right path and group for me and future generations.

**How have you seen the practice of medicine change over the years?**

The system favors dollars and data. Patients need care and compassion, science over art, and both should carry equal weight. The ebb and flow of

healthcare to favor primary care, then specialists, then back again has manifested several times in my last 20 years. The US system needs to find a balance to equitably support both primary care and specialty regarding both compensation and time working, and away.

**In what ways do you hope to see practicing medicine evolve in the future?**

I would like to see a return to patient and provider focus. Equally likely from here is also the possibility of technological advancement at exceedingly excessive cost, while care delivery with connection/compassion degrades further with the loss of the “art” of medicine.

**What are some of the most rewarding aspects of your profession?**

Relationships and the joy of seeing others succeed.

**What methods do you employ to keep improving your knowledge and experience?**

Reading and being present to learn. Being exposed to

many clinical experiences and learning the details a family physician may not have from my specialty colleagues through mutual patients and their stories.

**Do you have a career highlight?**

Every patient success, both big and small.

**If you could offer any advice to younger physicians, what would it be?**

Find the balance between self and service/sacrifice. I would argue that no one ever masters this completely and it changes as life progresses.

**Do you have any physicians who have influenced you over the years?**

Dr. Peter Jung, and Dr. Mark Knudson. Both were mentors in my early years and supportive colleagues later on for me.



**If you were not practicing medicine, what profession do you think you may have chosen?**

Forest ranger or certainly something outdoors to protect and enhance those around us, human and otherwise.

**Is there anything else you would like to share with us?**

I have found the Enneagram extremely helpful for self-exploration, far better than Myers-Briggs or other personal inventories.

**GETTING TO KNOW THE DOC...**

**When you were younger, what did you think you were going to be when you “grew up?”**

A forest ranger or firefighter.

**Your first job.**

A produce clerk at Winn Dixie for \$3.25/hour. I also cleaned and managed pools for one of my professors while I was in undergraduate training at NC State.



**Something in life you are happy you did.**

Become a father, husband, and doctor. In that order.

**Something you are excited about in the next 12 months.**

My oldest daughter graduating high school, my youngest daughter finishing middle school, and a vacation with family over the summer.

**Interests/hobbies outside of work.**

Still playing basketball despite my age, golf, and anything outside. We have a fleet of kayaks and we love to go down the river on any warm sunny day.

**Any hobbies you would like to try if you had more time?**

Playing the cello.

**A habit you would like to change.**

Over-eating as my current metabolism does not keep up with my stomach of years past. Hard to do but worth every skipped snack or soft drink.

**Tell us about your family.**

My wife is very supportive yet challenges me. I have two daughters who are both teenagers, wonderful and wily.

**Indoors or outdoors person?**

Outdoors times ten!

**The last thing you researched on the internet.**

Signing a death certificate.

**Your guilty pleasure/favorite snack.**

Saltine crackers.

**The last book you really enjoyed.**

I do not read for pleasure which is very strange.

**A movie you could watch on an endless loop.**

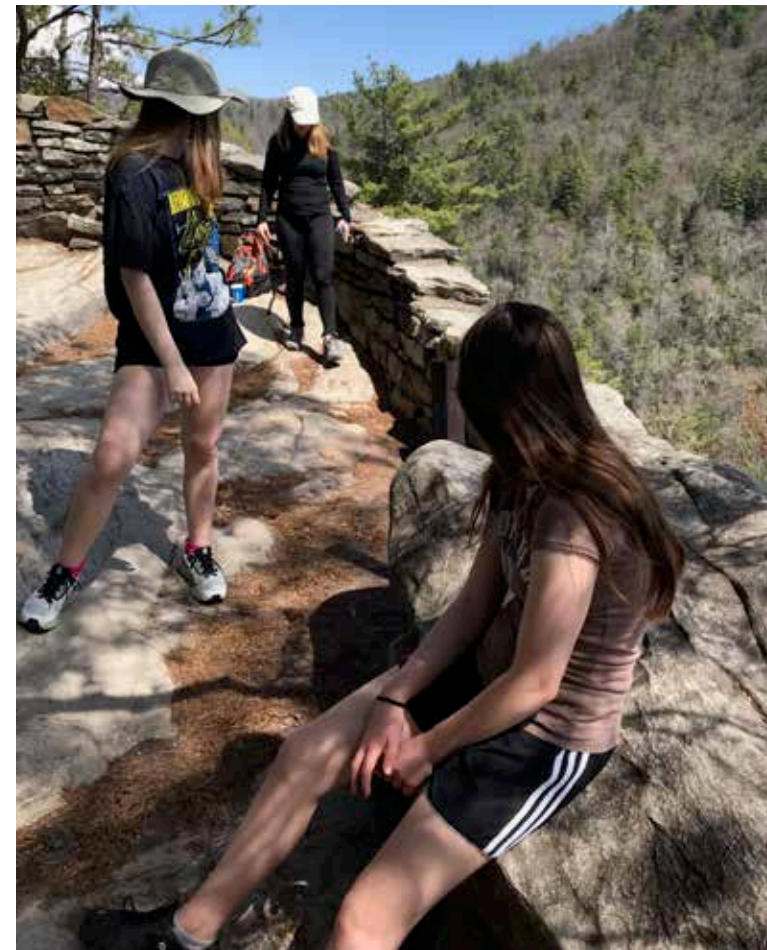
Lord of the Rings Trilogy or any of the Infinity Saga with Marvel.

**A fun adventure you have been on.**

Anything with my wife and kids and golf trips with my three amigos - I lost the 84-year-old last year.

**The best advice you have ever received.**

Think before you do. Pause or step slightly back before you jump forward.



**A place on your bucket list.**

Pebble Beach and Old Course in Scotland for a round of golf. Also, Europe to see the old cities and Australia to the great outdoors.

**Favorite sports teams?**

I don't really have any. I enjoy playing far more than watching. I will watch American football and NCAA basketball but never watch golf for any reason.

**If you could spend a day in someone else's shoes, who would it be and why?**

A professional golfer. They earn tons of money playing a game and being outdoors. It's perfect.

**Anything your parents taught you that sticks with you today?**

Integrity, trust, and respect for all.

**Personal accomplishment you are most proud of.**

I think becoming a physician, but I really work at avoiding hubris, so never thought about this one before. On further thought, when you really help a patient through issues and make a difference, that is the coolest.

**Charities you are involved with or support.**

YMCA Partner with Youth, Young Life, Wounded Warrior Project, Doctors with Borders, St Jude Children's, Make a Wish, Compassion International, and Habitat for Humanity. 🌟

# Partnering with you to bring advanced spine pain treatment to your patients.



We want to help patients live their best lives. Many patients benefit from our minimally invasive treatments, which employ innovative techniques. Then, if needed, we consider surgical options.

We offer same-day and next-day consults for patients who need them.

Just like there are many different causes of back pain, there are many different methods for treating it. Novant Health physicians work to personalize treatment plans and help patients understand their spectrum of options.

"We help the patient figure out the best way to manage that back pain," said Jeff Peacock, MD, anesthesiologist and director of pain services. "In general we start simple, and work our way up to more aggressive approaches."

## Step 1: Determine the cause of the back pain.

"Pain can be a powerful subjective experience and it can, at times, be difficult to pinpoint the etiology," said

Jugal Dalal, MD, anesthesiologist who specializes in interventional pain management. "We can use treatments like targeted injections to be diagnostic as well as therapeutic. For example, targeted injections into the lower back that have a good response can indicate that the target is a likely pain generator."

## Step 2: Consider multimodal, noninvasive treatments for that pain.

"When a patient has pain, there's not just one plan that everyone fits into and gets better with," Dr. Peacock said. "A lot of times, it involves a little bit of a lot of the options."

"When a patient has pain, there's not just one plan that everyone fits into and gets better with. A lot of times, it involves a little bit of a lot of the options."

— Jeff Peacock, MD  
Anesthesiologist and director of pain services



Jeff Peacock, MD



Jugal Dalal, MD



Chase Bennett, MD

## Those options include:

- Physical therapy
- Massage therapy
- Acupuncture
- Yoga
- Chiropractic care
- Inflammation-reducing injections and medications
- Neurostimulators
- Stimulators for diabetic neuropathy
- Surgery

## Overall, there's a shift toward more minimally invasive treatments that showcase innovative techniques.

"We offer a wide range of treatments from steroid injections to biologic injections," Dr. Peacock said. "We do a procedure to put cement in a patient's back for a compression fracture, or radiofrequency ablation to burn nerves to try to give people long-term relief. We're doing some newer treatments to burn nerves around the disc, spinal cord stimulation using electrodes and minimally invasive treatments to prop open the spine."

"Research is exploding," said Dr. Dalal. "There are novel techniques constantly coming out so we can offer patients even more options. It's constantly evolving and we're trying to stay ahead of the curve."

## Step 3: Consider surgery if necessary.

"We usually give most conditions two or three months of nonoperative care to go over pros and cons of surgery," said Chase Bennett, MD, orthopedic spine surgeon. "At some point it can become a personal question for

patients, if pain is preventing them from working or from interacting with their kids or grandkids."

Surgery can be an option if less-invasive treatments aren't working to manage a patient's pain. Surgery can also be an option early on in a patient's care plan when there are concerns such as neurological deterioration, pressure on the spinal cord, and progressive numbness in the hands and feet. "We consider the rate at which symptoms are progressing, and how worrisome those symptoms are," Dr. Bennett said.

## Novant Health offers seamless care that employs advanced technology.

"We have a comprehensive program so we can be all-inclusive in the way we care for our patients," Bennett said. "That ranges from physical therapy, to pain management, to surgery, to the team in the hospital that supports our patients."

That also includes collaboration with the patients themselves, as well as with their primary care clinician. Plus, Novant Health's investment in operating room equipment has expanded those comprehensive care capabilities. The seamless partnership between primary care clinicians, spine clinics and the hospital means patients experience coordinated care across their diagnosis, treatment and recovery journey.

"We use modern tables that flex and bend to maximize the position of the patient," Dr. Bennett said. "And our techniques offer minimally invasive surgical options whether we're using microscopes, or tubes, or CT scans

to guide surgical instruments. There's also a new system called Pulse that dramatically reduces radiation exposure. Lastly, we have the ability to take X-rays of certain aspects of the spine. We can image the whole spine in one continuous image, which is helpful for scoliosis and any type of reconstruction or revision surgery, offering significantly more accuracy to ensure well-balanced positioning."

## Ultimately, comprehensive care can support better quality of life.

"Our goal is not just a reduction in pain scores but tangible improvements in quality of life and activities that patients are able to do," Dr. Dalal said. "Whether it's about walking longer distances, traveling the world or just playing with grandchildren, we want to help patients to live life at their very best."

### Same-day consults

Our experts are available for same-day appointments at our Kimel Park location.

190 Kimel Park Drive, Suite 140,  
Winston-Salem, NC 27103.  
336-277-2225

To refer a patient to the Novant Health pain management program, call 336-277-2225.

Novant Health offers spine care across the Triad, with experts in Greensboro, High Point, Kernersville, Thomasville, Lexington, Winston-Salem, Mount Airy and Bermuda Run.





# Prosthetics & Orthotics

## Benefits of a Team Approach and Early Intervention



**Chrishelle Willeman**  
MSOP, CPO  
Certified  
Prosthetist  
Orthotist  
Kenney  
Orthopedics  
Prosthetics  
and Orthotics

**As early diagnosis and individualized management of chronic conditions become increasingly important, it is apparent how fragmented the traditional healthcare system can be. Chronic conditions account for around 71% of healthcare spending yet are often managed by the most loosely coupled teams. A patient who lives with one or more chronic conditions will see multiple physicians and receive separate prescriptions from each specialty. These specialized physicians often operate within different hospital organizations or medical groups and may utilize incompatible EMR systems. The highest rates of communication failure are often seen in conjunction with an increase in episodic consultations by a variety of clinicians. Poor communication between a patient's healthcare providers is a major contributor to medical errors and an increase in said patient's distrust of those providers. This insight highlights the importance of good communication among medical professionals. Utilizing a team-based approach to healthcare improves patient outcomes, increases efficiency, and lessens the risk of litigation.<sup>1,2</sup>**

When restructuring communication methods among professionals, it may be beneficial to consider including the patient as a member of the decision-making team. Shared decision-making is a process in which a clinician and patient jointly participate in choosing the best treatment option for the patient.<sup>3</sup> This process has been shown to increase patient buy-in, thereby improving compliance and satisfaction. However, successful participation in shared decision-making can require additional time, effort, and motivation from the healthcare provider.<sup>3,4</sup> It is integral to the process for the provider to educate the patient on treatment options available, as well as answer questions regarding pros and cons of each option so that the patient can make an informed decision. This is not a simple task, especially as available treatments become more nuanced or involve another healthcare specialty. Rather than forgo shared decision-making (and its many benefits) in lieu of traditional clinician-driven choices, this is an opportunity to utilize another member of the team. Tagging in a specialized team member can maintain efficiency while allowing for thorough explanations of treatment nuances and facilitating informed patient decisions.

The efficacy of the team-based approach is evident when it comes to the utilization of prosthetic and/or orthotic treatment.<sup>4,5</sup> Prosthetic or orthotic devices are commonly used by patients with chronic conditions to complete activities of daily living and improve overall quality of life. However, most medical specialties have limited exposure to the variety of available devices and treatment options. Including a Certified Prosthetist Orthotist (CPO) as a trusted member of the care team can bridge that gap between receiving the life-altering diagnosis and returning to a high quality of life. Additionally, better outcomes can be achieved for the patient through early intervention with prosthetic or orthotic treatment. Pre- or post-operative consultations with a CPO have been shown to decrease the length of a new amputee's in-patient stay. Support and education during an amputation help to set expectations, improve coping, and even reduce reliance on pain medication.<sup>6,7,8</sup> Early orthotic intervention can serve to prevent amputation (about 85% of amputations start as a foot ulcer), reduce risk of contracture and deconditioning, and improve rehabilitation outcomes.<sup>5,6,9</sup> A patient's ability to utilize a prosthetic or orthotic device sooner allows for early ambulation, which is associated with shorter rehab stays, lower incidence of comorbidities and recurring hospitalization, and reduced healthcare spending overall.<sup>10,11,12</sup>

The key to successful early intervention is early communication with a Certified Prosthetist Orthotist. First, this gives the care team an opportunity to inform the patient of treatment options and decide on the most appropriate choice quickly. Second, this simplifies the process of providing third-party payer required documentation. The necessary verbiage is often specific to the details of the device requested or even specific to previous devices the patient may have had. Collaboration with a CPO can make the documentation requirements simple to include in a visit note with the patient and lower the barriers to access. Research shows that utilizing the team approach when considering a custom orthotic or prosthetic device allows for improved compliance, functional outcomes, and an enhanced quality of life for the patient. 📌



1. Rosen MA, DiazGranados D, Dietz AS, et al. Teamwork in healthcare: Key discoveries enabling safer, high-quality care. *American Psychologist*. 2018;73(4):433-450.
2. Murray CD. "Don't you talk to your prosthetist?" Communicational problems in the prescription of artificial limbs. *Disability and Rehabilitation*. 2012;35(6):513-521.
3. Stiggelbout AM, Weijden TV d., Wit MPTD, et al. Shared decision making: really putting patients at the centre of healthcare. *BMJ*. 2012;344(jan27 1):e256-e256.
4. Brinkman J. Collaboration and Conflict in Interdisciplinary Teams. The O and P Edge. Published online December 1, 2018. Accessed October 12, 2020. <https://opedge.com/Articles/ViewArticle/2018-12-01/collaboration-and-conflict-in-interdisciplinary-teams>
5. Sherwood A, Brinkmann J, Fatone S. Review of Benefits to Practitioners of Using Good Patient-Practitioner Communication. *JPO Journal of Prosthetics and Orthotics*. 2018;30(1):5-12.
6. Desmond D, Maclachlan M. Psychological issues in prosthetic and orthotic practice: a 25 year review of psychology in Prosthetics and Orthotics International. *Prosthetics and Orthotics International*. 2003;26:182-188.
7. Robinson V, Sansam K, Hirst L, Neumann V. Major lower limb amputation – what, why and how to achieve the best results. *Orthopaedics and Trauma*. 2010;24(4):276-285.
8. Devinuwara K, Dworak-Kula A, O'Connor RJ. Rehabilitation and prosthetics post-amputation. *Orthopaedics and Trauma*. 2018;32(4):234-240.
9. Dobson A, Murray K, Manolov N, DaVanzo JE. Economic value of orthotic and prosthetic services among medicare beneficiaries: a claims-based retrospective cohort study, 2011–2014. *Journal of NeuroEngineering and Rehabilitation*. 2018;15(S1).
10. Miller TA, Paul R, Forthofer M, Wurdeman SR. Impact of Time to Receipt of Prosthesis on Total Healthcare Costs 12 Months Postamputation. *American Journal of Physical Medicine & Rehabilitation*. 2020;99(11):1026-1031.
11. Miller TA, Paul R, Forthofer M, Wurdeman SR. The Role of Earlier Receipt of a Lower Limb Prosthesis on Emergency Department Utilization. *PM&R*. 2020;13(8):819-826.
12. Maeshima S, Okamoto S, Okazaki H, et al. Lower Limb Orthotic Therapy for Stroke Patients in a Rehabilitation Hospital and Walking Ability at Discharge. *International Journal of Physical Therapy & Rehabilitation*. 2017;3(2).

You're good at what you do. Make sure you look good doing it.



Key  
Leader  
Portraits  
\$145

AestheticImages.net  
336.275.9797

# MADE FOR MORE

PHYSICIAN ENTREPRENEURS WHO LIVE LIFE AND PRACTICE MEDICINE ON THEIR OWN TERMS



Olabisi Badmus, MD, MPH, FACPM and Randie Schacter DO, DFAACAP.

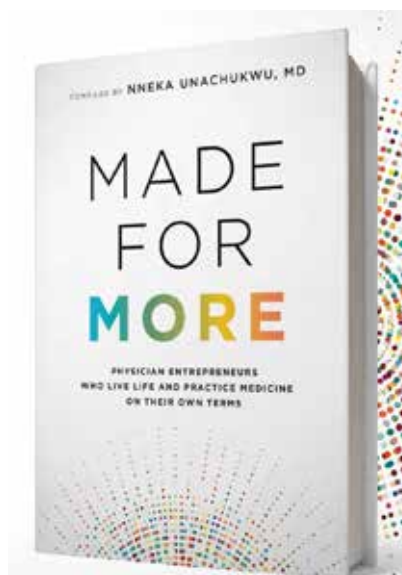
**Made for More is a compilation of stories from over 40 physicians who share their journeys as physician entrepreneurs. The stories are from doctors who are in various stages of entrepreneurship and all types of businesses. This book features physicians who are everything from real estate experts, medical practice owners, coaches, course creators, and so much more. Some have start-ups, some own six-figure businesses, and others are making multiple millions every year. The common thread of these stories lies within the reflections of what is possible even in the face of fear, doubt, and feeling ill-equipped. Their stories will normalize wanting more beyond the exam room and wanting autonomy over your career.**

Two contributing authors and local physicians, Drs. Olabisi Badmus and Randie Schacter, reside and own businesses in Charlotte, NC. Olabisi Badmus, MD, is in academia and is the owner of a private occupational medicine practice, Vivant Medical Services, PLLC. She is also a speaker and runs a group for

professionals balancing personal medical conditions and high-demand careers in her Thriving Uniquely community. Dr. Badmus felt compelled to contribute to the book and share her journey as a busy multi-passionate physician and mother of two who had a thriving academic career prior to pursuing her business. Although she felt very fulfilled in her career and loved her profession, colleagues, and career trajectory, there was an underlying yearning to pursue other interests and entrepreneurial endeavors. In hopes to inspire others, she shares her journey of how she navigated her pursuit while prioritizing the balance of her wellness, work, and family life.

Randie Schacter, DO, is the founder/owner of Silver Psychiatric Services, PC. She is also the creator/owner of Silver Spaces, LLC which offers interactive CME programs in Matthews, NC, and retreats around the globe for women medical professionals, reducing stress and burnout with art, and meditation, accompanied by farm-to-table meals. Dr. Schacter contributed to the book in the hopes that others would benefit from

her experiences, both from the practical aspects and the emotional journey of starting something new. After working hard to find resources for herself, she felt the importance of sharing her mindset so that others in similar circumstances will find the tools that work for them to pass through fear and accomplish their goals.



Readers will get a chance to see that despite the perceived barriers of physicians becoming entrepreneurs, challenges such as having limited time and limited business experience or backgrounds, there are practical ways to create a profitable business and the life that you desire on your own terms. This book provides inspiration and hope for physicians that are considering change within or beyond medicine. It will serve as a reminder that it is never too late for us as physicians to follow our dreams. We are doctors after all, and that within itself was no easy feat.

You can connect with Dr. Badmus and Dr. Schacter on LinkedIn or on Instagram @DrBisi\_MD and @silver.spaces respectively. You can find the book on either of their pages or by visiting <https://square.link/u/OBHakwB>. ✨



# MOLLY HARTZLER, MD

Orthopaedic Surgery, Total Joint Arthroplasty  
Atrium Health Wake Forest Baptist



**Why/how did you get your start in medicine?**

I graduated college with an undergrad degree in Biology and a secondary education teaching certificate. I spent my first two years out of college teaching middle school science. It was a challenge, but I wanted a different type of challenge and my brother who was in medical school at the time suggested I shadow some physicians and consider

applying. I shadowed some general surgeons and I loved it. I had to go back to take a couple of prerequisites and study for the MCAT, but it was worth it.

**How did you choose your specialty?**

I was able to rotate in orthopedic surgery as a third-year student. I remember watching a hip replacement and thinking "This is totally bonkers. I can't believe we can do this type of surgery." Between that and fracture fixation, I was sold. Orthopedics is a very

mechanical specialty and I enjoy that aspect quite a lot. In joint replacement surgery, we are able to have an almost immediate impact on people's quality of life. It's incredibly satisfying to take away pain and get people back to what they love doing.

**Were there any other specialties you considered?**

I was always interested in procedural specialties. I did a summer research program in anesthesia and did a bit of shadowing early in ENT. After I did my orthopedics rotation, I was sold.



**Tell me about Atrium Health Wake Forest Baptist and how you landed there.**

My practice is an academic practice that encompasses primary and revision hip and knee arthroplasty. I was interested in academic practice because it lends itself to the care of complex patients and problems which I have always been interested in. After my fellowship, I ended up taking a community-based job because I couldn't find an academic practice that quite fit my needs as well as my family's needs. I was in community practice in California when I heard about the vacancy at Wake Forest. It was a great fit. In addition to being able to care for complex issues here, I get to teach residents and fellows which is so much fun.

**What makes AHWFB unique in our community?**

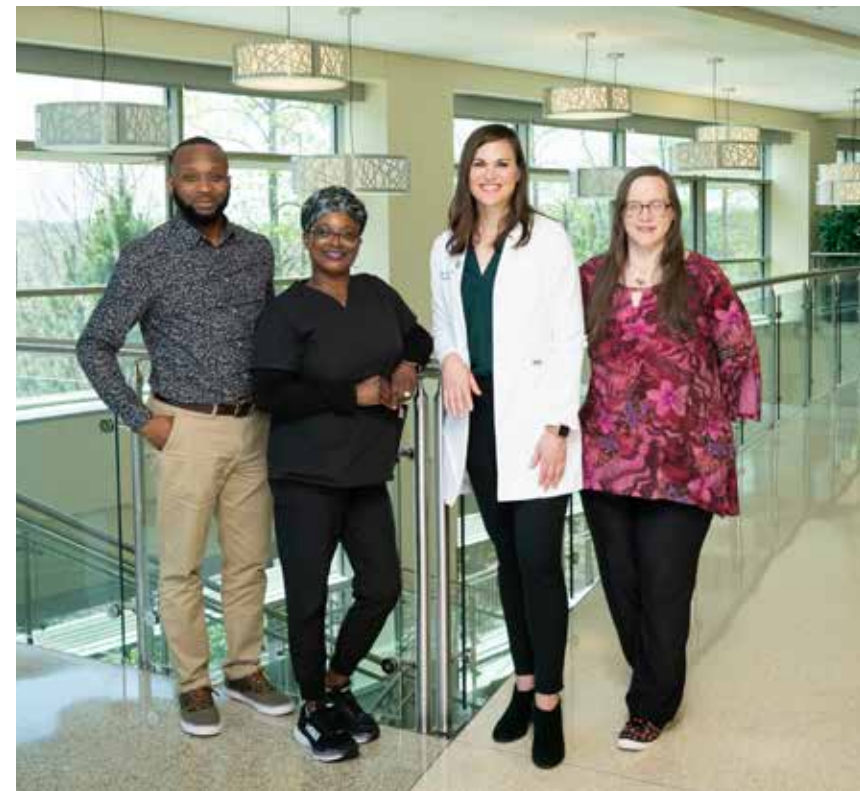
Well the obvious answer is that there are not many joint replacement surgeons who are women. I think there are some patients who prefer a female doctor, so for someone looking for a female orthopedic surgeon to do joint replacement, I fill a niche there.

**Tell me about one of your favorite successes as a physician.**

It's hard to choose one, but some of my favorite patients have been those that have come to me needing big revision surgeries. Getting them mobile and out of pain again always feels like a huge win.

**What do you find are your biggest challenges?**

My biggest struggle is juggling work with family. I love them both and they both deserve time and energy, so it's a push and pull. I also struggle with compartmentalizing work from my home life. If I'm worried about a patient, it's hard to not let that affect me when I'm at home.



**What does a typical day look like for you?**

On my OR days, I'm usually up and out the door by 6. Cases start at 7 am and I'm usually home by dinner. There are definitely days when things take longer than planned and I don't finish up till later. Clinic days are usually 8-5. If I have to go back and forth to round at different hospitals, I may leave earlier to see whoever I operated on the day before. We take trauma calls at Baptist, and those days are unpredictable. I might be in overnight to deal with an emergency. Other times, it's quiet.

**What is your definition of quality care?**

To me, quality care is accessible health care that is patient-oriented, evidenced-based and leads to excellent outcomes. One of my biggest priorities in my clinic is to educate patients about their disease process and present the options for care that are available and reasonable based on their disease state, overall health, and goals. I never want people to leave feeling like they don't

understand their diagnosis or options. If we decide to move ahead with surgery, I then make a surgical plan based on their individual characteristics and risk factors to achieve optimal outcomes.

**What motivates you or excites you about what you do?**

My biggest motivator is seeing my patients out of pain and returning to normal life. Most people I treat really can't walk without constant pain. Mobility is something we take for granted until we can't do it anymore. Most of my patients have gotten to the point where they are planning their entire life around their pain. I love that we have surgeries that give them their freedom back.

**How do you try to maintain a balanced life outside of work?**

I try very hard not to take work home with me and to focus on my family when I'm home. As I said before, I do struggle to compartmentalize at times, so I'm a work in progress. I try to stay fit and spend time with my hobbies as well.

**How has practicing medicine in your specialty changed over the years?**

Orthopedics has seen some advancement in technology as well as our implant designs and materials. We are constantly working to figure out better ways to prevent and treat infection and that is probably the most interesting area to me. Orthopedics has also traditionally been a



male-dominated specialty and still is to a large extent. Recently, more efforts are being made at making it feel more inclusive to attract talented surgeons that might otherwise pick a different surgical specialty.

**Do you have any medical role models who have influenced you along the way?**

My older brother is an orthopedic surgeon. He definitely had an influence on my consideration of medicine as a career and encouraged me to look at orthopedics as a specialty. He's a very gifted surgeon and has great integrity. He's been a very positive force in my life both personally and professionally.

**If you were not practicing medicine, what profession do you think you would have chosen?**

I honestly think I could be happy doing a variety of careers. I would have absolutely loved spending time learning more about art and design. I really enjoy painting and sewing as hobbies and could see myself doing something in the design world. I also enjoy animals, and I joke that when I retire I'm going to open a dog daycare.

**What would you like to communicate to primary care and referring physicians?**

I love helping people regain their mobility and I am happy to see patients you think may benefit from hip or knee arthroplasty or need someone to evaluate a replacement that hasn't gone well. Working at Wake Forest allows me the freedom to take on some of the tougher cases that might need a higher level of anesthesia care or that may need big revision surgery. I enjoy that type of work as much as a primary hip and knee replacement.

**If you could offer any advice to younger physicians, what would it be?**

Treat the patients like you would want your family to be treated. Also, make sure you have an identity outside of work. It's easy to get wrapped up in our jobs, especially in training and early practice, but family, downtime, and hobbies are so important. Lastly, if you are struggling personally or professionally, seek out help and support. Physicians are very good at presenting a perfect facade to the world, but everyone struggles. Asking for help is an act of bravery, and we all do it at one time or another.

**What are some of your hobbies or interests outside of work?**

I very much enjoy working out, like most orthopedic surgeons. I love to ride my Peloton and do weight training and yoga. I absolutely love hanging with my husband and kids, and I'm currently taking a painting class which has been so fulfilling and fun.

**Do you have a guilty pleasure?**

Sugary coffee. I go to the Starbucks in Baptist way too much. ☘

# Scott J.B. Nimmons, MD

Novant Health Brain and Spine Surgery - Mount Airy



**Where did you grow up?**

I grew up in Houston, Texas. More specifically, Clear Lake City, which is the home of NASA and the Johnson Space Center.

**How did you become interested in medicine?**

I have wanted to be a doctor since my grandmother gave me a toy stethoscope and doctor's kit when I was six or seven years old. Even then I found a profound sense of fulfillment from "patching up" action figures and obliging siblings. As a college athlete, I was able to shadow some of the team physicians at Rice University. Watching them work inspired me to continue the trajectory and make their vocation my own.

**Where did you go to medical school?**

Texas A&M College of Medicine in College Station, Texas.

**How did you choose spine surgery?**

I was fortunate enough to train with some incredible surgeons, both in Dallas and in Saint Louis, and I try to emulate them each day. Truly, they modeled professionalism and compassion daily and inspired me to follow their path. One reason I was drawn to spine surgery was that a surgeon could have an immediate impact on a patient's quality of life with a few hours of surgery. For example, a patient can present with severe shooting pain in the legs from a disc herniation and can be discharged a few hours later, much improved. I also like how spine surgery can incorporate diverse elements of surgical practice; one case is addressing arthritis, while the next might be a deformity or trauma case. That challenge motivates me to strive for excellence each day.

**Did you ever consider another specialty?**

I thought about obstetrics/gynecology for a time in medical school but ultimately decided to become an orthopaedic surgeon.

**Tell me about your training thus far.**

I completed medical school at Texas A&M in College Station, TX, my orthopedic surgery residency at Baylor University Medical Center in Dallas, TX, and my spine surgery fellowship at Washington University in St. Louis, MO.

## RISING STAR

### How long have you been with Novant Health?

I started on October 1, 2022.

### How did you find your way here?

My wife and I wanted to settle in a community close to our immediate family, which initially put the Triad on our radar. When I came to visit, the people I met and the opportunity to join the Novant Health Brain and Spine Surgery team reinforced our decision.

### What excites you about being a part of this practice?

I am fortunate to have joined a group with such a strong reputation in the community, but my colleagues and I are eager to make patient care even better. Through the innovation of techniques, improvement of accessibility, and streamlining our processes, I am excited to see where we are in a few years.

### What do you feel your greatest asset is that you bring to the practice?

I thrive when I develop rich

relationships and build trust with my friends and colleagues. As I look to bring specialty spine care to Winston-Salem, Mt. Airy, and beyond, I am sure that drive will serve my patients well.

### What do you find most rewarding about what you do?

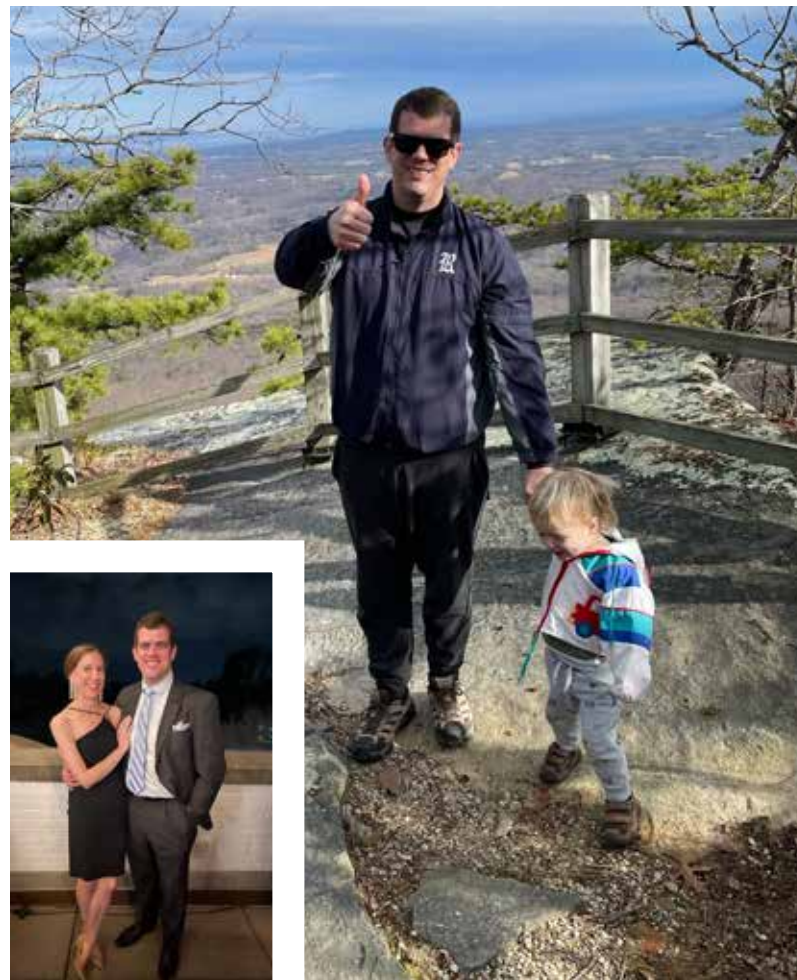
I enjoy providing patients with the opportunity to improve their quality of life.

### If you were not practicing medicine, what other profession do you think you may have chosen?

I think I would have enjoyed being a constitutional or civil rights lawyer.

### How do you like to spend your free time?

I enjoy spending time with my family and traveling. On a typical weekend, you may find me baking, building Legos with my sons, or in the outdoors enjoying the warmth of sunshine on my shoulders. ✨



## Strength in Numbers Introducing the Alo Clinically Integrated Network

We're building a network of practices and provider groups to improve patient outcomes across NC. Enhance your practice's success without being tied to a specific health system. Join Us.

[alosolutions.com/solutions](https://alosolutions.com/solutions)



## WHY KISCO?

Safety and security are an integral part of our wellness philosophy - something we practice every day. Our standards for service and care go well beyond cleanliness and security. We follow best in class protocols to help our residents live a healthy, happy life.

Heritage Greens' residents enjoy:

- Safe move-in procedures and apartment set-up
- Professionally trained associates providing care
- On-site rehabilitation and therapy services
- Progression of care with on-site licensed Assisted Living and Memory Care
- Most importantly, peace of mind for families

Call 336.299.4400 to learn more about Heritage Greens



[LifeatHeritageGreens.com](https://LifeatHeritageGreens.com) | [Facebook.com/HeritageGreens](https://Facebook.com/HeritageGreens)



# THE LEGAL LOWDOWN

## MEDICAL PEER REVIEW COMMITTEE MEETINGS PRIVILEGE



Heather Skelton  
Partner  
Gardner Skelton,  
PLLC

**Dear Heather,**

I am an independent surgeon, and much of my practice involves performing surgery at local hospitals. I'm interested in knowing more about medical review committee meetings which evaluate adverse outcomes and whether those discussions or any related documentation can be used against physicians in patient lawsuits.

**– Dr. Operates Cautiously**

**Dear Dr. Operates Cautiously,**

You are referring to North Carolina's peer review privilege statute N.C.G.S. § 131E-95. Peer review privilege laws protect medical review committee records and proceedings. Those records cannot be disclosed.

Under North Carolina law, medical review committee proceedings and the records and materials considered during those meetings are afforded confidential

protection, as long as certain requirements are met. The purpose of peer review is to improve patient health care. The process allows physicians to openly discuss issues without fear that the information will be publicized or used against them in a civil action. When the peer review privilege applies, medical review committee proceedings and the records and materials relating to those proceedings are not discoverable nor admissible as evidence in a trial against a hospital, an ambulatory surgical facility, or a provider of professional health services.

Information, documents, or records that are "otherwise available" can, however, become subject to discovery even if they were presented during a committee's proceeding. Public records within the meaning of N.C.G.S. § 132-1 and documents that do not meet the requirements of N.C.G.S. § 131E-95 would be deemed otherwise available. As an example, documents that a physician provides in an application for hospital privileges and details a physician discloses during a credentialing committee proceeding would not be protected under peer review privilege.

The statute also offers a testimonial privilege to persons present at medical review committee meetings. These individuals cannot be required to testify about the medical review committee proceedings in any civil action, nor can they be questioned about the testimony that they provided to the committee, or any opinions formed during committee sessions.

The candor of peer review would be meaningless without confidentiality if it meant that plaintiffs would be permitted to access the contents of those proceedings for the purpose of using them as evidence to bolster their case. Medical staff might otherwise be reluctant to have these types of discussions, leading to less transparency and less improvement in patient care. Therefore, the protection reflects an interest which places greater value in having a medical review process over a plaintiff's access to evidence.

The privilege under the statute referenced above applies to medical committees in hospital and ambulatory surgery settings. There are two other statutes that address a similar privilege for nursing homes and mental health facilities.

N.C.G.S. § 131E-76(5)(b) defines a medical review committee as one that is formed for the purpose of evaluating the quality, cost of, or necessity for hospitalization or health care, including medical staff credentialing. Examples include a committee of a state or local professional society; a committee of a medical staff of a hospital; a committee of a hospital or hospital system, if created by the governing board or medical staff of the hospital or system or operating under written procedures adopted by the governing board or medical staff of the hospital or system, or a committee of a peer review for a corporation or organization.

If a reviewing or investigating committee is not "created by the governing board or medical staff of the hospital or system or operating under written procedures adopted by the governing board or medical staff of the hospital or system," then the peer review privilege will not apply. Notably, a hospital's board of trustees does not constitute a "medical review committee" under the definition.

The party asserting the privilege must object to the discovery of privileged information and prove the existence of the privilege. The document's title, description and stated purpose attached to the document do not control the outcome, nor does the word of an interested party or its counsel.

There are a few things you can do to protect yourself. You should seek to learn about the hospital's peer review process and familiarize yourself with related policies and procedures. Additionally, be mindful of your documentation and any statements that you make. A document labeled as a peer review or quality related on its face does not mean that the document will automatically be privileged. If you are required to deliver documentation or records to hospital staff for medical review purposes, be sure that these documents are delivered to those that are part of the medical review committee especially if you are emailing these documents.

**The information provided in this column does not and is not intended to constitute legal advice. ❗**

**AvanceCare**

**Interested in Owning or Working at an Independent Practice in North Carolina?**

Avance Care is building a thriving ecosystem of independent primary care practices that improve patient experience, enhance clinical outcomes and lower healthcare costs all while delivering the highest level of patient care.

Andres F. Sanchez, MD  
Avance Care Rea Farms

Contact us at [engage@avancecare.com](mailto:engage@avancecare.com)

AvanceMD.com



# Providence Place Senior Health and Housing

*The care you need. The value you want.*



## WESTCHESTER VILLAGE *Independent Living*

- 1 & 2 Bedroom apartments
- 3 Bedroom single level townhomes
- Open floor plans
- All utilities included (except phone)

1765/1775 Westchester Drive  
High Point, NC 27262  
(336) 888-4564



## WESTCHESTER HARBOUR *Assisted Living*

- Family focused
- Daily living activities assistance
- Regularly scheduled activities
- Beauty salon and licensed nurses on-site

630 Whittier Avenue  
High Point, NC 27262  
(336) 888-6761

## WESTCHESTER MANOR *Nursing and Rehabilitation*

- On-site physician services
- Physical, speech, and occupational therapy
- Medicare/Medicaid certified; private insurance
- Beauty salon on-site

1795 Westchester Drive  
High Point, NC 27262  
(336) 888-4604



# The Southeast's Premier Provider of Ambulatory Infusion Services



100% FOCUS ON INFUSION THERAPY

## THE PALMETTO EXPERIENCE

- Spacious, State-of-the-Art Facilities with Comfortable Reclining Chairs
- Welcoming, Experienced Staff of RNs, Nurse Practitioners, Doctors, and Pharmacists
- Convenient, Drive-Up Parking
- Complimentary WiFi, Healthy Snacks, and Large Screened TVs
- Private Rooms and Saturday Hours Available
- Benefits Verification
- Financial Assistance Programs
- Treatment Education
- Emotional Support
- 24/7 Clinical Support
- Easy Online Bill Pay



9 CONVENIENT LOCATIONS

ASHEVILLE · CHARLOTTE · CONCORD · FAYETTEVILLE · GREENSBORO · HICKORY · RALEIGH · SUPPLY · WINSTON-SALEM  
 palmettoinfusion.com | info@palmettoinfusion.com | 800.809.1265

Point your phone camera at this code to visit us online  
[www.providenceplacenc.com](http://www.providenceplacenc.com)







**Digestive**  
Health Specialists, P.A.

Convenient Access to Care  
in the communities we live.



*Caring for You, Close to Home.*

Experts in Gastroenterology,  
serving the Piedmont Triad  
**since 1978.**

To Schedule an Appointment  
**(336) 768-6211**  
**[digestivehealth.ws](http://digestivehealth.ws)**

