Wake County Physicians are generous, caring and compassionate. Since 2000, over 585 physicians and clinical staff have continued to donate care to low income, uninsured men, women and children through Project Access of Wake County (PA). We sincerely thank you for your continued support!
CCWJC is Celebrating a New Look!

Big news! Community Care of Wake/Johnston Counties (CCWJC) is releasing an updated brand identity, including a new logo. As North Carolina’s healthcare system evolves, CCWJC is also changing to meet the needs of the future. Our new look and logo represent this evolution as CCWJC moves forward to deliver improved, cost effective, high quality services and care to those we serve.

The interlocking arcs of our “Propeller” logo are symbolic of our commitment to Collaboration, Connectivity, Community, Care and Forward Motion.

Look for more updates as we continue to serve our communities and populations. We believe that our updated brand marks the beginning of a successful new chapter in the growth and impact of our work!

Assad Meymandi, MD, PhD, DSc (Hon)
Alzheimer’s disease is the most common form of dementia (forgetfulness/inability to recall) that affects more than 100 million worldwide, and five million in America.

Paul O’Neal, President International Networking, Inc.
Computing devices have proven to be extremely vulnerable to attacks referred to as Spectre and Meltdown.

L. Jarrett Barnhill, MD
The number of print and electronic journals seems to be expanding geometrically rather than arithmetically. This rampant growth creates a data lag for most practitioners.
The Wake County Medical Society is inviting its members to write articles for upcoming issues of the Wake County Physician Magazine. Wake County Medical Society members wishing to write an article for publication are asked to submit a brief five sentence proposal. Proposed article summaries could focus on your first person accounts of the personal side of practicing medicine (e.g., a patient overcoming all odds and achieving a positive outcome, experience with grief/overcoming grief, your best day practicing medicine, or care management success stories, etc.) or any other human interest story that might appeal to our readership—keeping in mind that anything resembling promotion of a current practice or practitioner, or taking a political stance would not be usable, with the final say on such matters resting with the editorial board. Please email your brief proposal to Paul Harrison, editor, by March 8, 2018 at pharrison@wakedocs.org. We would like to include your article in our next publication—April 2018 which will be posted on our website. Thanks!

Paul Harrison

Wake County Physician Magazine
A Wake County Medical Society Publication

Call for Writers

January 2018

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“The Wake County Physician Magazine is an instrument of the Wake County Medical Society; however, the views expressed are not necessarily the opinion of the Editorial Board or the Society.”

L. Jarrett Barnhill, MD
is a professor of Psychiatry at the UNC School of Medicine and the director of the Developmental Neuropharmacology Clinic within the Department of Psychiatry. He is a Distinguished Fellow in the American Psychiatric Association and Fellow in the American Academy of Child and Adolescent Psychiatry.

Assad Meymandi, MD, PhD, DSc (Hon)
is an Adjunct Professor of Psychiatry, University of North Carolina School of Medicine at Chapel Hill, Distinguished Life fellow American Psychiatric Association; Life Member, American Medical Association; Life Member, Southern Medical Association; and Founding Editor and Editor-in-Chief, Wake County Physician Magazine (1995-2012). He serves as a Visiting Scholar and Lecturer on Medicine, the Arts and Humanities at his alma mater the George Washington University School of Medicine.

Paul O’Neal, President/Owner
International Networking, Inc.
has 30-years of IT experience with Fortune 500 companies, as well as, small and medium businesses in the areas of data and telecommunications, enterprise network infrastructure design and implementation, Windows desktop and server, data security and HIPPA compliance.

Pam Carpenter, Program Manager, Project Access Wake County attended Los Angeles Harbor College and Loma Linda University where she studied business and nursing. Pam relocated to Raleigh in 1995 and was hired as Wake County’s first Project Access Coordinator in 2000; she has grown the program tremendously over the years. She now supervises a staff of two and increases participating providers as well as the range of specialties offered each year.

“Honoring our doctors here and across the nation for their heartfelt service, compassion and commitment to patients each and every day. Thank you!”

Our Previous Issues Are at Your Fingertips
Simply Visit Wakedocs.org

They Are Easy to Find and Access at www.wakedocs.org
Alzheimer’s Disease is a heart breaker. In spite of mountains of research we do not have any answer to this merciless killer. Some reflections, but first a bit of history:

Brief History:
Alzheimer’s disease is the most common form of dementia (forgetfulness/inability to recall) that afflicts more than 100 million worldwide, and five million in America. The dementia-causing brain disorder is named for its discoverer, German psychiatrist and neuropathologist Aloysius (Alois) Alzheimer (1864-1915). The first case of Alzheimer’s disease was, of course, presented in the form of a scientific paper to the Conference of Southwest German psychiatrists in Tubingen, Germany, on November 4, 1906.

Dr. Alzheimer discovered little bits of goo, starch-like substance, the chemical composition of which we now know to be amyloid, accumulated around the nerve cells (neurons) in the brain. These bits grow and coalesce into bigger pieces called plaques and later on neurofibrillary tangles, all of which disrupt the works of the brain which are primarily memory, intellectual functions, such as thinking, and communication. As the result, nerve cells die (are choked to death) and the brain literally shrinks in volume. The patient with Alzheimer’s disease experiences loss of memory, both for recent and distance events, as well as deficit in perception, mental processes, cognition and comprehension in a progressively worsening mode, until the patient dies. Alzheimer’s disease is a slow but major killer. In mid to later stages, the Alzheimer’s patients do not even remember or recognize their children and other close members of the family.

Clinical course:
Alzheimer’s disease is brutal. It robs the afflicted of experiencing joy, communication, and connection with life. The patient turns into a zombie. Most important loss is loss of dignity and nobility of the soul preceded by urinary and fecal incontinence. We now have five million Americans suffering from this disease (worldwide over 100 million). It is more prevalent in women because of female hormonal and body chemistry. There may be accompanying mood disorder, such as depression, or behavior disorder such as violence, and thought disorder, such as paranoia and delusions.

Interpersonal relationship, let’s say between a husband and wife, is based on ability to talk (communication). Talking is about communicating memories of the past, plan for the future, and enjoyment of here and now. After attending a party, we chit chat about whom we saw at the party and who said what...And plan for the future, trips, vacations, grandchildren, grandchildren, grandchildren...

[CONTINUED ON PAGE 8]
It is increasingly apparent that keeping up with the pace of change in the neurosciences is a Herculean task. The number of print and electronic journals seems to be expanding geometrically rather than arithmetically. This rampant growth creates a data lag for most practitioners. As someone who began teaching and practicing before the “computer age”, I find recent changes to be mind-boggling. Earlier in my career, I blended a mixture basic immunology, endocrinology, genetics, neuropsychiatry, and neuropharmacology into the treatment neuro developmental disorders. Today, juggling such an amalgam is like trying to count and classify insects in the Amazonian rainforest. I attributed this sense of falling behind to aging and trying to stay up with the modern world of neuroscience with a slow computer.

Teaching and watching nearly two generations of residents I provide myself with a moment of silence that I can teach them something that will be relevant in order to prepare them for the future. Somewhere near the end of every lecture, a thought flashes through my head: I have no real idea what their future will hold. Do I teach them facts, evidence-based studies, or clinical pearls that are already limping towards obsolescence? I usually try to sneak two “jokes” into my exposition:

1. An old neuroscientist-friend once complained that he picked the wrong organ to study. The more I think I know about the brain, the less I really understand. Instead of a long winding road to understanding, I have a U-Haul truck overstuffed with new and often unexpected findings. I can empathize with Moses as he groped about in the wilderness for 40 years, but never made it to the Promised Land. These were not the words of a depressed, cynical, fatalistic old man, but a moment of sincere humility in the face of the hubris of the young.

[CONTINUED ON PAGE 16]
etc. With Alzheimer’s all this is taken away in a brutal and irreversible manner. Conversations are reduced to asking and answering the same questions limited in scope and variety, repeatedly, randomly and aimlessly. The “conversation”/exercise soon becomes exhausting. In Alzheimer’s disease, meaningful communication, the central alchemy of relation and love, is one of the first things to disappear.

**Diagnosis and treatment:**
Diagnosis is through neuropsychological testing, mental status examination and brain scans. Besides magnetic resonance imaging (MRI), we now have other radiological instruments such as positron emission tomography (PET scan) and functional MRI (fMRI) that not only visually demonstrate existence of the plagues and the amyloid bits, but can measure the physiological function of the brain. It is now well known that Alzheimer’s-related changes in the brain begin 10-15 years or more before people show signs of detectable memory loss. Scientists at University of Pittsburgh and the Johns Hopkins University have developed a BIOCARD, which study and predict onset of the disease in volunteers through long term monitoring and testing. Therefore, diagnosis leads to a treatment course primarily consisting of brain exercise by reading, memorizing, classical music, doing crossword puzzle, Sudoku puzzle, and through physical exercise and activities, staying socially active, interactive and engaged.

**Chemical Treatment:**
In the past few decades, we have had a number of chemicals, among them Aricept and Namenda. These drugs are designed to fight the progression of the disease and bring symptom relief. In essence they slow down the deterioration of the brain, but, unfortunately, not very successfully. More recently, a new group of drugs—the Zumab family of drugs—have been introduced with the promise that they attack the plaques directly by dissolving and removing them from the brain. They belong to a group of chemicals called monoclonal antibodies. Their expected function is to just like a chemical vacuum cleaner get in the brain and sweep away the goo, the plaques and the neurofibrillary tangles. The Zumabs (category of chemicals known as monoclonal antibodies) supposedly are those chemical vacuum cleaners. The first one of these drugs Bapineuzumab which is still in trial has not shown glorious results. The fuss last week in Washington, DC was over another drug from the same family, Solanezumab, a drug made by Eli Lilly & Co. The first clinical trial of the drug is near completion, and the preliminary results offer some promise. More and bigger clinical trials are on the way. Now, critics, pharma pundits and stock market analysts alike, are awaiting with bated breath the results from Solanezumab- the second antibody-based vaccine drug marketed by...
December 13, 2017
WCMS Celebrates Another Successful Year at Annual Holiday Dinner.

The WCMS Annual Holiday Dinner Meeting has become one of our most popular networking events of the year. The evening offers a great balance of food, drinks, and conversation with fellow society members and guests. This year’s event was held at the beautiful and prestigious Carolina Country Club which was elaborately and stunningly decorated in holiday style. The ambiance, superb fare, easy conversation and camaraderie made for a memorable experience. Our 2017 Society President, Dr. Robert Munt gave an enthusiastic welcome and thanks and presented the evenings speaker—Ernest Dollar. Mr. Dollar is the Director of City of Raleigh Museum and M.T. Pope, M.D. House Museum. He gave an excellent presentation entitled, “Stranger in a Strange Land” The Story of Raleigh’s First Indian Ramkrishna Jivatode.

With the efforts of the WCMS leadership team and many volunteers, the WCMS Annual Holiday Dinner was another resounding success.

A special thanks to all those who attended.

Eli Lilly, currently in clinical trials. The hopes and dreams of a worldwide population of nearly 100 million (and growing) people with AD rides on these trials. A lot of money rides on these trials, too, given that the number of people with AD is steadily growing. The profits for any company that comes up with a reasonable drug for AD would be unimaginable. With all the hype in last week’s global conference on Alzheimer’s Disease, it remains unclear how Solanezumab will fare in subsequent clinical trials. Hot on the heels of the failed Bapineuzumab trials, the Solanezumab trials carry the burden of possible failure and extra scrutiny.

Personal Thoughts, Not Only As A Practicing Psychiatrist, Teacher, But As A Care Giver:
It was a distinct privilege to care for a beloved afflicted with Alzheimer’s (unfortunately, she died eight months ago). The opportunity to be exposed to deeper strata of love is unique and instructive. One learns patience, compassion, and care—feeling for—the victim with relentless constancy. There is nothing like experiential learning...However, personally, I believe that with the American ingenuity, and the vast resources of a mature capitalist society at our disposal, we will find a cure for Alzheimer’s. Remember in 1981 when the first case of auto-immuno-deficiency syndrome (AIDS) was diagnosed. In the 80’s and 90’s, tens of thousands died because of AIDS. Well, recently, at another scientific meeting re: AIDS, the speakers including our own Myron Cohen of UNC School of Medicine and Health, were talking about not only control of AIDS and minimizing mortality but curing AIDS. We are today with Alzheimer’s where we were with AIDS in the mid-1980’s. I am reminded of St Thomas Aquinas (1205-1275) view of science: “Believing is good. Knowing is better.” What a privilege to be alive today, especially in America, and enjoy the experience of explosion of knowledge. §

*The writer is Adjunct Professor of Psychiatry, University of North Carolina School of Medicine at Chapel Hill, Distinguished Life fellow American Psychiatric Association, and Founding Editor and Editor-in-Chief, Wake County Physician Magazine (1995-2012). He received Raleigh Medal of Art in 2001, inducted to Raleigh Hall of Fame 2013, elected Lifetime Trustee, North Carolina Symphony in 2015, and 2016 recipient of NC Award, Fine Arts.
Recently, there has been disturbing news regarding CPU (Central Processing Unit) bugs that attack most all computing devices (such as PC’s, Laptops, Tablets, SmartPhones, SmartWatches, etc.) that run 3rd party apps. These computing devices have proven to be extremely vulnerable to attacks referred to as Spectre and Meltdown. These are two separate vulnerabilities that allow different, but potentially harmful methods of attack wherein they strategically target the CPU.

Intel is expected to have a fix by January 15th for 90% of their processors made in the last 5 years with the remainder (of those made in the last 5 years) to be updated by the end of January. Intel has said they will update older products as prioritized by their customers. For more Intel information visit Intel. As of January 11th Intel reported the Firmware updates are causing some computers to reboot randomly. This is currently under investigation and as always its best to stay informed and proceed with caution.

The manufacturers of the CPU’s most mentioned are Intel, AMD and ARM. There has been an overwhelming amount of news and updates regarding these attacks through mainstream channels since the first of the year. Laura Hautala, with CNET wrote an outstanding article which confirms as of January 8, 2018, Apple has released their patches, Apple iOS 11.2.2 and macOS 10.12.2. If you have a device that is compatible with either of these versions you shouldn’t hesitate to update your device(s) immediately.

Microsoft released their updates for Windows 7, 8 and 10 the first week of January 2018. It should be noted, Microsoft updates will not be applied unless the registry is updated by your AV software. For more on Microsoft updates follow this link. The newer/newest Google phone has already been patched and newer/newest Android phones are expected to be patched upon release. Unfortunately, older versions of Android Tablets and phones may never be updated.

It has been documented this CPU bug has actually been around since 1995 and consumers are just now hearing about it. As you would direct your patients during the treatment of their care, it is important to follow the development of these CPU bugs as they have been labeled as “not easy to fix.” The post CPU “update” symptoms can include: broken updates, performance decline, as well as, other operating issues, which is why I recommend (and to stress for high-priority security reasons), you apply all applicable patches at your earliest convenience, continue to monitor your systems performance and watch for more updates. Lastly, this article only begins to scratch the surface of an extremely volatile computer bug. Staying informed and further research is highly recommended and I can’t stress enough you should contact your IT professional to further discuss this matter and how it relates to your practice.

Taken from Google’s White paper
This is Meltdown:
First, an attacker makes the CPU execute a transient instruction sequence which uses an inaccessible secret value stored somewhere in physical memory. The transient instruction sequence acts as the transmitter of a covert channel, ultimately leaking the secret value to the attacker.”

And here’s Spectre:
Spectre attacks induce a victim to speculatively perform operations that would not occur during correct program execution and which leak the victim’s confidential information via a side channel to the adversary.
When debating facts and concepts with a handheld device toting resident or young faculty member, I end up muttering a McCoy aphorism: ‘you can’t argued with a damned machine, Jim’ (aka Captain James Tiberius Kirk to the younger sort).

3. When some obscure fact eludes me for a moment, I beg the indulgence of my much younger crowd to give me a minute to find amid my clutter. As an intellectual hoarder, I have rooms full of such facts that they need to wait patiently while I find where I stored it. Stalling for time, I usually tell them that I once had a photographic and audio memories but I need new film and tapes. While they are sorting out what films and tapes are, I usually come up with the misplaced fact and proceed.

4. There seems to be a fundamental shift in how physicians deal with facts and working memory (data retrieved and temporarily retained to solve problems). The speed of memory retrieval reminds me of running 100 yards in a little over 10 seconds at 17, but feeling lucky today to survive the revolution in medical research and the deluge of new information and technological advances. I will concentrate on the neurosciences, but if anyone else has similar experiences, please join in. I would like to reserve input to those in and around 65 and above who is brave enough to continue trying to catch this bullet train.

5. Then comes Frankenstein-EPIC and the computerized medical record. It is truly a boon to medical care, but punishment and damnation, I was an early career psychiatrist has found it. They never pledge we did to remember. These whippersnappers know where to find it quickly and efficiently. I have a paucity of skills for finding the information on computers so I rely on the punch cards and floppy discs in my aging brain. “You can’t argue with a damned machine.”

Twisted sense of humor, I create three EPIC-alypse tales that parodied my experience (anyone interested can let request them and add them as an addendum to future articles).

The next series of articles will take a more serious approach to surviving the revolution in medical research and the deluge of new information and technological advances. I will concentrate on the neurosciences, but if anyone else has similar experiences, please join in. I would like to reserve input to those in and around 65 and above who is brave enough to continue trying to catch this bullet train.

“I attribute this sense of falling behind to aging and trying to stay up with the modern world of neuroscience with a slow computer?”

Wake County Physician Magazine (WCPM) is a publication for and by the members of the Wake County Medical Society. WCPM is a quarterly publication and is digitally published January, April, July, and October.

All submissions including ads, bio’s, photos and camera ready art work for the WCPM should be directed to:
Tina Frost
Graphic Editor WCPM
tina@tinafrost.com  919.671.3963

Contributing author bio’s and photo requirements:
Submit a recent 3” x 5” or 5” x 7” black and white or color photo (snapshots are suitable) along with your submission for publication or a digital JPEG or TIF file at 300 DPI no larger than 2” x 3” unless the artwork is for the cover. Please include names of individuals or subject matter for each image submitted.

Ad Rates and Specifications:
Full Page $800
1/2 Page $400
1/4 Page $200

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CURRENT PROGRAMS

Project Access - A physician-led volunteer medical specialty service program for the poor, uninsured men, women, and children of Wake County.

Community Care of Wake and Johnston Counties CCWJC has created private and public partnerships to improve performance with disease management initiatives such as asthma and diabetes for ACCESS Medicaid recipients.

CapitalCare Collaborative - The CCC program is a membership of safety net providers working corroboratively to develop initiatives to improve the health of the region’s medically underserved such as asthma and diabetes for Medicaid and Medicare recipients.

WHY JOIN

Membership in the Wake County Medical Society is one of the most important and effective ways for physicians, collectively, to be part of the solution to our many health care challenges.

A strong, vibrant Society will always have the ear of legislators because they respect the fact that doctors are uniquely qualified to help form health policies that work as intended.

It’s heartening to know the vast majority of Wake County physicians, more than 700 to date, have chosen to become members of the Wake County Medical Society.

HOW TO JOIN

To become a member of the Wake County Medical Society contact Deborah Earp, Membership Manager at dearp@wakedocs.org or by phone at 919.792.3644

A portion of your dues supports to the volunteer and service programs of WCMS. Membership is also available for PA’s. There is even an opportunity for your spouse to get involved by joining the Wake County Medical Society Alliance.

ENJOY THE REWARDS OF BEING A MEMBER

JOIN TODAY!
Wake County Medical Society thanks the following physicians, practices, hospitals and UNC Charity Care Providers for the donated care provided to Project Access patients in 2017.

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Wake County Medical Society thanks the following physicians, practices, hospitals and UNC Charity Care Providers for the donated care provided to Project Access patients in 2017.
Thank You!

NEUROLOGY
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NEUROSURGERY
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OPHTHALMOLOGY
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Divakar Gupta, MD
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Leon Herndon, MD
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The Raleigh Eye Center, PA
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James Kiley, MD
James Wrzosek, MD
Jeffrey Board, MD
Jerome Magolan, Jr., MD

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Brett M. Rosenberg, MD
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John M. Solic, MD
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Ryan Takenaga, MD, M.A.
Shepherd F. Rosenblum, MD
Steven Winters, MD
Thomas A. Dimmig, MD
William D. Hage, MD
William P. Silver, MD

Orthopedic Foot and Ankle
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Chad Greer, MD
Daniel Albright, MD
David Boone, MD
Ed Cadet, MD
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Harrison Tuttle, MD
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Joseph Barker, MD
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Matthew Boes, MD
Mike Mickles, MD
Robert Wycker, MD
Scott Wein, MD
Wallace Andrew, MD
William Isbell, MD

OTOLARYNGOLOGY - ENT
ENT & Audiology
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Mann ENT
Brian N. Boone, MD
Charles H. Mann, MD
Jared E. Spector, MD
Richard M. Jones, MD

Raleigh Capitol ENT
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Jeevan R. Ramakrishnan, MD
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Laura D. Brown, MD
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Steven J. McMahon, MD
William F. Durland, MD

Rex ENT (Raleigh)
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PAIN MANAGEMENT
Rex Pain Management Consultants
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John Benson, MD
John Sorge, MD
Keith Nance, MD
Keith Volmar, MD
Preeti Parekh, MD
Timothy Carter, MD
Vincent Smith, MD

PHYSICAL THERAPY
EmergeOrtho
Rex Outpatient Rehab
Raleigh Orthopaedic Clinic

PLASTIC SURGERY
Davis & Pyle Plastic Surgery
Jeremy Pyle, MD
Raleigh Plastic Surgery
Rhett High, MD
William Lyle, MD

Wake Plastic Surgery
William Stoeckel, MD

PODIATRY
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Carroll Kratzer, DPM

UNC Podiatry Clinic at Meadowmont

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Donald Rabil, MD
Rex Pulmonary Specialists
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William Hall, MD
Kakivtha Kadumpalli, MD
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UNC Pulmonary Clinic
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John Reilly, MD
Marc Finkel, MD
Tedic Boyse, MD
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Andrew B. Weber, MD
Cynthia S. Payne, MD
Donald G. Detweiler, MD
Gintaras E. Degeys, MD
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Kirk D. Peterson, MD
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Mark H. Knelson, MD
Neil A. Ramquist, MD
Satish Mathan, MD
Steven R. Carter, MD
Svati S. Long, MD
Todd J. Roth, MD
Tracey E. O’Connell, MD
W. Kent Davis, MD

Thank You!
Wake County Physicians are generous, compassionate and caring. Since 2000, over 585 physicians and clinical staff have continued to donate care to low-income, uninsured men, women and children through Project Access of Wake County (PA). They are leaders in collaborating with community health clinics and Wake County Hospitals to deliver care to many who had little hope for feeling better or receiving extraordinary treatment. Lives have been changed because of their passion to help people get and stay well.

Project Access of Wake County is a physician referral program, which means qualified enrollees can only be referred into the program due to medical necessity. These enrollees are carefully screened for eligibility before being referred.
SERVICES WE OFFER

Medication Assistance
Enrollees receive a modest pharmacy benefit for prescriptions written by Project Access specialists. Project Access staff helps enrollees to apply for drug assistance through their referring medical home.

Diagnostic Referrals
Enrollees can receive reduced cost and/or donated diagnostic testing through Duke Raleigh Hospital, Rex Healthcare and WakeMed. Services include blood work, x-rays, MRIs, CT scans, ultrasound, cardiac testing, pulmonary function testing, and nerve conduction studies. When scheduling an appointment, be sure to identify the enrollee as a Project Access member.

Hospitalization and Anesthesiology
All three Wake County hospital corporations (Duke Raleigh, UNC-Rex Healthcare and WakeMed), and American Anesthesiology of NC, provide reduced cost and/or donated care to Project Access enrollees.

If you are a HEALTHCARE PROVIDER...

PLEASE CONSIDER VOLUNTEERING!

Benefits of volunteering
Volunteering with Project Access allows you to donate care to the uninsured in a way that is organized, equitable and safe. We will quantify and coordinate the donated care you may already be providing, enabling you to help your uninsured patients as you would your insured patients. We take care of all the details to allow you the freedom to focus on healing.

"Project Access provides needy patients access to specialty care in our county. The patients are always appreciative of the services. This program fills a gap in the delivery of healthcare to all sectors of our community" (and the volunteering physicians are most satisfied with the lack of bureaucracy and overhead)"

Bulent Ender, M.D. – Wake Gastroenterology

Patients in the local Project Access initiatives will have access to medications, hospitalizations, lab testing, diagnostic imaging and other ancillary services. The Project Access system allows you to order tests, schedule hospitalizations, and care for your uninsured patients in a manner very similar to the process for caring for insured patients, without extraordinary measures.

Who can volunteer?
Health care practitioners in Wake County, including:
- Medical Doctors
- Osteopaths
- Physician Assistants
- Podiatrists
- Laboratories
- Imaging Service Providers
- Ancillary support including medical transportation and translators

Ready to volunteer?
Call Pam Carpenter at 919-819-6281 or download the Provider Agreement and Pledge Form below and fax to Pam at 919-723-9379

Recruitment Letter
Clinics
Provider Agreement and Pledge Form
The WCMS is seeking your support by joining our Legislative Advocacy Committee.

The WCMS Legislative Committee advocates for Wake County Physicians with the Wake County Delegation to the NC General Assembly. The Committee will be active now and through the 2018 legislative session.

**Key issues include:**
1. Maintain physician led and local quality care initiatives
2. Support the NC Community Care Program and its care management activities
3. Address Medicaid reform issues
4. Prevent “scope of practice” legislation that would allow non-physicians the right to practice medicine.
5. Work in concert with the NC Medical Society’s legislative advocacy agenda

For more information or to join please contact Paul Harrison, WCMS Executive Director (919) 923-2442 pharrison@wakedocs.org

**Any physician currently living in or practicing medicine in Wake County may participate. Membership in the Wake County Medical Society is not a requirement.**