



GUEST COLUMN

Rural health care and the hospital's future

I am so pleased to launch this monthly column to provide regular updates on Blue Ridge Regional Hospital. In these columns, I'll share our plans and initiatives, and address the questions and concerns I hear from community members.

As we enter this season of gratitude and celebration, I want to express my appreciation for our community's efforts in shaping our services and provide information on how our local hospital is strengthened by membership in the Mission Health system.

More than 700 rural hospitals are at risk of closing, and one rural hospital closes each month, according to the National Rural Health Association, or NRHA. Challenges hospitals like Blue Ridge Regional Hospital face include: difficulty in recruiting and retaining physicians and other caregivers; the worsening of chronic health problems that are created by socioeconomic disparities in rural areas; and less overall access to care due to a variety of obstacles, includ-



Becky CARTER

ing the likelihood patients are uninsured and or have transportation issues.

The American Hospital Association's Board of Trustees published a summary of these challenges in its report titled "Ensuring Access in Vulnerable Communities."

This report also discussed the more important services rural hospitals can provide, such as emergency services, primary care, behavioral health care (mental health services), and patient transport services such as ambulances and medical airlift helicopters such as MAMA.

Being part of a larger system is essential to our survival. For example, beyond ensuring our survival, Mission Health

provides important access to healthcare and specialized skills as needs arise in our community. Not only are we able to provide dependable emergency/urgent care services and other services that match our community's needs, but that care is made even better with exciting, new treatment options.

Today, clinical experts at Mission Hospital provide support for the care delivered locally through remote monitoring, teleservices and more. Teleservices is an exciting area of care where rural patients and their doctors can communicate with experts at Mission Hospital through video technology.

This technology allows rural patients to have the same access to excellent, highly specialized care as patients in larger cities. Additionally, our membership allows us to obtain and enjoy system-wide efficiencies that help ensure access to services, both in the community and at Mission Hospital.

Our community's utilization of Blue Ridge Regional Hospital, as well as the

incredible generosity of our community members, allows us to plan for a future that includes attracting excellent physicians and nurses who want to be part of this community.

This financial support means urgent needs we identify, such as a new MRI machine and emergency power generators, will be met. Support from Mission Health allows Blue Ridge Regional Hospital to offer state-of-the-art medical technology and equipment, significant clinical expertise and comfortable and appropriate facilities. Thanks to community support and Mission Health's continuing investment, Blue Ridge Regional Hospital is in a secure position.

As we go forward, carefully considered growth is essential to a long, bright future for Blue Ridge Regional Hospital, which will always include compassionate and accessible care.

Rebecca W. Carter, MSN, RN, FACHE is president and chief nursing officer of Blue Ridge Regional Hospital in Spruce Pine.

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Shouldn't we use medication to treat an epidemic?

Across Western North Carolina, we have become acutely aware of the opioid crisis because of the exponential rate of opioid-related overdoses and deaths in our mountain communities. The statistics are frightening, and the news we hear each day can be overwhelming. But there is hope.

There are currently several promising prevention and treatment approaches being explored throughout WNC, many of them collaborative.

For example, Vaya Health, a regional health organization helping those with behavioral health and intellectual or developmental disabilities, is leading the effort to build a regional coalition to attack this problem. Prevention is one of the strategies supported by this coalition.

The Mountain Area Health Education Center, or MAHEC, which serves 16 WNC counties, is supporting this strategy by offering online and live in-person education to providers about safe opioid prescribing. The goal is to reduce the flow of in-



Dr. Blake FAGAN

appropriate opioids from providers to patients. This winter, MAHEC also began offering education about non-opioid pain management for medical and behavioral health providers.

Treatment is another important strategy for addressing the opioid epidemic, which raises an important question: If this is an epidemic, shouldn't we use medication to treat it?

We are beginning to do that as we see relapse rates for patients receiving methadone or buprenorphine therapy are much lower than abstinence-only approaches. Medication-assisted therapy, or MAT, is proving to be an effective way to reduce relapse and overdose rates,

making it possible for people to get into long-term treatment and resume normal functioning.

Unfortunately, there is still a great deal of confusion about MAT and its role in supporting recovery. As a result, we don't have enough providers in WNC who can offer this kind of therapy.

MAHEC will offer several educational opportunities in the coming months. "Treating Pain Safer" is at Rutherford Regional Hospital Jan. 18; McDowell Tech Feb. 20; and MAHEC's Asheville campus Jan. 25 and May 10. MAT education for prescribers and other providers is at the Asheville campus March 1, June 22 and Sept. 28.

Visit mahec.net/continuing-education/course-catalog for registration and more information on these and other programs.

Dr. E. Blake Fagan is a family physician, the chief education officer at the Mountain Area Health Education Center and a member of the WNC Substance Use Alliance.

North Carolina Tobacco Use Quitline

- 1-800-QUIT-NOW (1-800-784-8669)
- Deaf Access TTY: 1-877-777-6534
- Expert Quit Coaches – 8 a.m. to 3 a.m.
- 7 days a week
- Toll-free
- Confidential
- All North Carolinians - youth and adult
- Web Coach; Discussion Forums
- www.quitlinenc.com

Funded by: NC Health and Wellness Trust Fund
Administered by: Tobacco Prevention and Control Branch

Drug Dropbox Locations:

- Mitchell County Sheriff's Office - 828-688-3982 (Mon.-Fri. 8am-7pm)
- Spruce Pine Police Department - 828-688-9974 (Mon.-Fri. 8am-5pm)
- Yancey County Sheriff's Office - 828-682-2124 (24 hours/7 days a week)
- Burnsville Town Hall (Mon.-Fri. 8:30am-4:30pm)

If possible, leave medication in the original prescription bottle so the medicine can be identified. Please mark out any personal information.

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substance abuse task force

A program of: path partners aligned toward health

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M.E. Walker, O.D.

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Thur.-8-7pm • Fri.-8-6pm
Closed daily for lunch 12:30-1:30

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BLUE RIDGE REGIONAL HOSPITAL

every 17 seconds = 1 new case of diabetes!

Worried about how diabetes affects my body and if I am eating right? Then you are ready for New Beginnings Diabetes Self-Management Education. Mitchell, Yancey and Avery Health Departments offer education to answer your questions, complete with teaching team of specialists. Contact 828-682-6118, ext. 29 or 20 to enroll and get more information.

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Mitchell County Health Partnership

MCHP

Mitchell County Health Partnership
"A healthy community begins with you"

Anyone interested in the health of Mitchell County, join the partnership. Call **688-2740** for more information.

Mission: The Mitchell Community Health Partnership is a team of citizens and agencies working to improve the health of the people of Mitchell county.