



Courtesy photo

Michael Pritchett, D.O., MPH, pulmonary specialist at Pinehurst Medical Clinic and director of the Chest Center of the Carolinas at FirstHealth, performed the procedure with the robotic system as part of a multi-center clinical study.

FirstHealth first in nation to participate in new robotics clinical study

PINEHURST – FirstHealth of the Carolinas has made history once again as the first health care system in the nation to participate in a clinical study with Intuitive Surgical's Ion Endoluminal System.

Michael Pritchett, D.O., MPH, pulmonary specialist at Pinehurst Medical Clinic and director of the Chest Center of the Carolinas at FirstHealth, performed the procedure with the robotic system as part of a multi-center clinical study.

Intuitive Surgical's robotic-assisted, catheter-based technology is designed to access hard-to-reach areas of the body through natural openings, like the mouth. When applied in the lungs, its aim is to enable early lung cancer diagnoses by accessing and sampling tissue from small nodules in difficult-to-reach areas.

"We are excited to have been selected as the first site for this groundbreaking clinical trial," says Dr. Pritchett. "Intuitive's Ion

Endoluminal Robotic Bronchoscopy Platform may offer us advantages compared to conventional navigation bronchoscopy that we have been doing for many years. The ability to see much deeper into the lungs and have precise control over movements of the catheter could be a game changer for us in terms of accessing smaller nodules located in the outer portions of the lungs."

Other sites participating in the trial include Massachusetts General Hospital, Beth Israel Deaconess Medical Center, MD Anderson Cancer Center, the Mayo Clinic and Henry Ford Hospital.

"It is an honor to be included in such prestigious company," adds Dr. Pritchett. "We are clearly at the forefront of innovation here at FirstHealth."

More information about this clinical study can be found at <https://clinicaltrials.gov/ct2/show/NCT03893539>

Blood centers finalize merger

Further strengthening blood supply in the southeastern U.S.

ORLANDO, Florida — Two of the leading, independent, not-for-profit blood centers in the Southeast, OneBlood, Inc., and Community Blood Center of the Carolinas, Inc. (CBCC), have merged effective April 15th. The news comes just four months after the boards of directors for both organizations announced that CBCC would become part of OneBlood.

The newly formed organization will distribute more than one million blood products annually, serve over 250 hospitals throughout Florida, North Carolina, South Carolina, Georgia and Alabama and employ more than 2,500 people.

"CBCC's decision to join forces with OneBlood creates additional alignment and stability of the blood supply in the Southeastern United States and further ensures a safe, available and affordable blood supply for our hospital partners and their patients", said Bud Scholl, President and Chief Executive Officer for OneBlood.

Martin Grable, who has been the CEO of CBCC for the past 15 years transitioned to the OneBlood leadership team and has been named Executive Vice President, Corporate Development. "I am excited to take on this new role and further expand our lifesaving services in the Carolinas and throughout the Southeastern United States", said Grable.

Integration of CBCC into OneBlood's state-of-the-art technology and operational platforms is already underway. In addition, CBCC will also changeover to the OneBlood brand. This includes transforming all of CBCC's bloodmobiles into OneBlood's signature Big Red Bus.

About OneBlood

OneBlood is a not-for-profit 501(c)(3) community asset responsible for providing safe, available and affordable blood to more than 250 hospital partners and their patients throughout Florida and into areas of North Carolina, South Carolina, Georgia and Alabama. OneBlood distributes more than one million blood products annually, operates more than 80 donor centers and deploys nearly 200 of its signature Big Red Buses throughout its service area for blood drives.

To learn more about OneBlood please visit www.oneblood.org.



Telemedicine, walk-in clinics cloud role of family doctor

The Associated Press

Lisa Love hasn't seen her doctor of 25 years since she discovered telemedicine.

Love tried virtual visits last summer for help with a skin irritation and returned for another minor problem. She doesn't feel a pressing need to seek care the old-fashioned way, especially since she also gets free health screenings at work.

No more waiting for the doctor's office to open. Convenience rules in health care now, where patients can use technology or growing options like walk-in clinics and urgent care centers to get help whenever they need it.

A survey last year found that

about a quarter of U.S. adults don't have a regular doctor. Some like Love wonder how much they still need one.

"Telemedicine probably can't do everything ... but for most of the things I might ever have, I'm pretty sure they can take care of it," the Twin Falls, Idaho, resident said.

Health care experts say the changing, fragmented nature of care is precisely why people still need someone who looks out for their overall health, which is the traditional role of primary care physicians like family doctors and internists.

They know patients' medical histories, and they're trained to spot problems that may be developing instead of just addressing symptoms that prompted the patient's visit. They also can make sure medications don't conflict with regular prescriptions, and they can help make sense of the information patients dig up with a Google search.

But the nature of primary care is changing as patients branch off to drugstore clinics and urgent care centers. Practices are slowly shifting to more of a team-based approach that focuses on keeping patients healthy and reserves visits with a doctor for the more serious

cases.

"The idea that the primary care physician is the one-size-fits-all solution ... that's going to change pretty dramatically," said Sam Glick, an executive with the research firm Oliver Wyman.

This evolution began years ago when drugstores started providing flu shots and opening clinics that handle minor issues like ear infections or pink eye. The two largest chains, CVS Health and Walgreens, now run about 1,500 clinics combined.

More recently, employers have started adding worksite clinics, and

See TELEMED 4C

Promote healthy weight starting with school lunch

Although there are a variety of theories behind the growing obesity problem plaguing North American adults and children, the most consistent findings point to caloric intake as the culprit. Here's a simple equation to get to the root of the problem:

$$\text{Calories eaten} > \text{calories spent} = \text{weight gain.}$$

According to National Health Examination Surveys, adult obesity trends in the United States between 1976 and 2014 indicate the percentage of the adult population classified as obese has roughly doubled to more than 38 percent in the last three decades. Children may be learning eating habits from their parents, potentially contributing to rising obesity rates in children as well. Recent findings from the Centers for Disease Control and Prevention indicate one in five school-aged children and young people in the United States is obese. In Canada, the Public Health Agency says roughly one in seven children is obese.

Teaching children healthy eating habits starts at home and can extend to what students are given to eat while at school. The Center for Science in the Public Interest says schools across the country are working hard to improve school

nutrition. Here's how parents and school districts can help make school lunches more nutritious and delicious and lower in calories.

Control snack intake. The U.S. Department of Agriculture says that more than one-fourth of kids' daily caloric intake comes from snacking. Choosing smarter snacks may help reduce overeating. Good snacks can include grain products that contain 50 percent or more whole grains by weight; snacks in which the primary ingredient is a fruit, a vegetable, dairy product, or lean protein; snacks that are a combination food that contain at least a 1/4 cup of fruits or vegetables; and foods that contain no more than 200 calories.

Read nutritional information. When selecting foods for school lunches, parents should read the nutritional information to make sure they know exactly what they are feeding their children. Select foods that are low in saturated fats and cholesterol and high in fiber and nutrient-rich fruits, vegetables, grains, and legumes.

Go with water. Rethinking beverage choices can help control kids' caloric intake. Many people don't realize just how many calories



beverages add to their daily intake. Even a six-ounce, 100-percent apple juice can include as many as 96 calories. Sodas and other soft drinks pack a hefty caloric punch. Water, seltzer and unsweetened iced tea are healthy beverage options. If milk is the go-to beverage, choose a reduced-fat version.

Introduce new foods. Children can be notoriously picky eaters, but with patience and perseverance, parents can introduce new, healthy foods at lunchtime. Yogurt, hummus and salsa are healthy and can add flavor to vegetables and fruit. When making sandwiches,

exchange refined breads for whole-grain varieties. Choose lean protein sources, and go heavy on vegetables and fruits for natural fiber, which will create feelings of satiety.

Read the school menu. Let children indulge in ordering from the school menu when healthy options are featured. Urge them to try something unexpected, rather than sticking to chicken nuggets or pizza days.

Healthy eating habits begin in childhood and can be initiated with school lunch.

Create a Safe Sleep Environment for Baby

Did you know that the features of your baby's sleep area can affect his/her risk for **Sudden Infant Death Syndrome (SIDS)** and other sleep-related causes of infant death, such as suffocation?

Reduce the risk of SIDS and other sleep-related causes of infant death by creating a safe sleep environment for your baby.

How can you make a safe sleep environment?



- Always place baby on his or her back to sleep for all sleep times, including naps.



- Room share—keep baby's sleep area in the same room next to your sleep area. Your baby should not sleep in an adult bed, on a couch, or on a chair alone, with you, or with anyone else.



- Use a **firm sleep surface**, such as a mattress in a safety-approved* crib, bassinet, or portable play area, covered by a fitted sheet.



- Keep soft objects, toys, pillows, crib bumpers, and loose bedding out of your baby's sleep area.



- Don't let baby get too hot during sleep. Dress your baby in no more than one layer more of clothing than an adult would wear to be comfortable. A one-piece sleeper or wearable blanket can be used.

*Visit the U.S. Consumer Product Safety Commission website for more information about safety-approved baby sleep areas: <http://www.cpsc.gov/en/Safety-Education/Safety-Education-Centers/cribs/>



Learn more about ways to reduce the risk of SIDS and other sleep-related causes of infant death at

<http://safetosleep.nichd.nih.gov>

<http://www.scotlandcounty.org/680/Safe-Sleep>



North Carolina
Public Health



SCOTLAND COUNTY
HEALTH
DEPARTMENT

Health Department Now Offering Long-Acting Reversible Contraceptives

Scotland County Health Department is pleased to announce we are now offering Long-Acting Reversible Contraceptives (LARCs) as a method of birth control. These contraceptives include Intrauterine devices (IUDs) and birth control implants. Examples include Mirena (IUD) and Nexplanon (Implant). LARCs are an effective way of preventing pregnancy for 3-5 years upon insertion, without the need to take a daily pill. "We are excited to be able to offer these methods of birth control to any new or current patient at Scotland County Health Department which will allow us to better serve the people in our community," stated Kristen Patterson, Health Director.

For more information about Long-Acting Reversible Contraceptives, to determine eligibility, or to make an appointment, please call the Scotland County Health Department at 910-277-2440 or 910-277-2470 ext. 4466.

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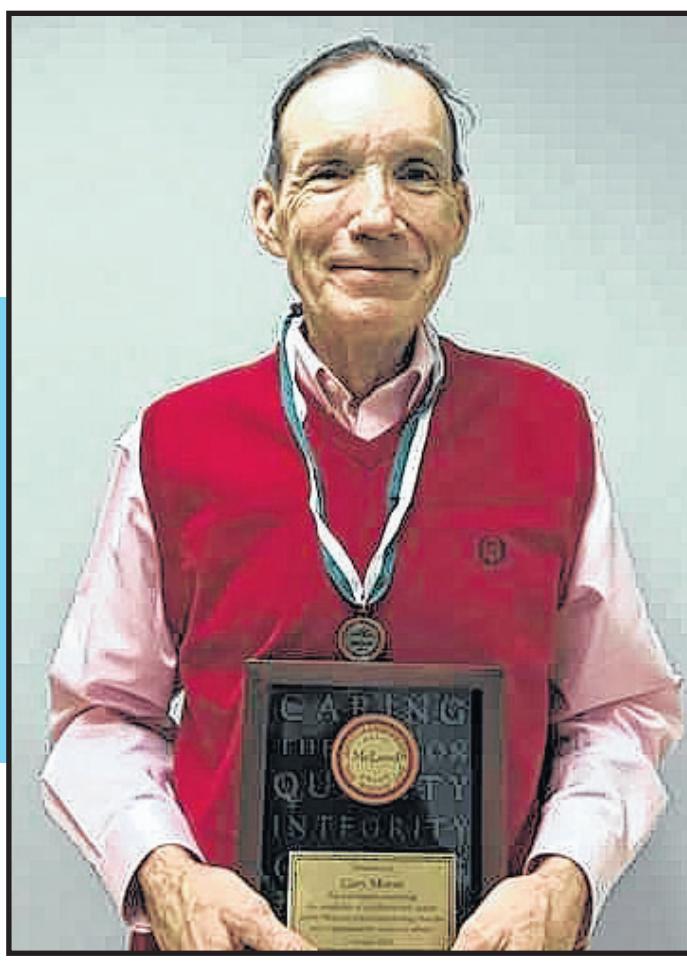
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Eunice Kennedy Shriver National Institute
of Child Health and Human Development

Scotland County Health Department
1405 West Boulevard
Laurinburg, NC 28352
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Courtesy photos

Gary Moore, Environmental Services Tech I, left, was the McLeod Health Cheraw Merit Award recipients in January. Laurenza Lopez, RN in the Med/Surgical Unit, was the February recipient.



TELEMED from 1C

thousands of urgent care centers have opened around the country to treat emergencies that aren't life-threatening. Then there's telemedicine, which patients can use to connect to a doctor in minutes without leaving their home or office.

Love said she's hooked on virtual visits. They only cost \$42, or less than half the price of an office visit under her insurance plan.

"I like technology and I like new things and I like saving money," Love said. "It was worth it to me to try it."

About 25% of adults don't have a regular doctor, the nonprofit Kaiser Family Foundation found last year. That jumps to 45% for those under age 30.

On top of all the competition for patients, the field also is fighting

a shortage of doctors as medical school students opt for higher-paying specialties.

Primary care practices have adjusted by adding physician assistants or nurse practitioners to handle annual physicals and other routine care.

They're also creating teams that help them take a broader look at patient health. Those teams might include mental health specialists who screen for depression and health coaches who can improve diet and exercise.

The idea is to keep patients healthy instead of waiting to treat them after they become sick.

"We want to do as much outside the walls of the clinic as we can," said Stanford University's Dr. Megan Mahoney, noting that this

push depends on insurers expanding what they will cover.

Doctors also are continuing to focus more on coordinating care for people with complex health needs.

Bryant Campbell's care team includes a primary care doctor, a pharmacist and specialists to help manage his chronic liver condition and rheumatoid arthritis. The Portland, Oregon, man said his team members talk frequently to avoid problems like duplicate tests, and their approach gives him more confidence.

"I sometimes think as patients we feel isolated in our health care, and this team-based approach helps a patient be as involved as you need or want to be," he said.

Doctors say the expanded scope

of their practices is changing how they interact with patients. Dr. Russell Phillips frequently responds to email or cellphone questions from his patients. He also refers them to clinics for minor issues like urinary tract infections.

The Harvard Medical School professor says primary care is evolving into more of a flowing, virtual relationship where patients have more frequent but briefer contact with their doctor's office instead of just office visits maybe twice a year.

"Getting medical care is such a complex activity that people really need somebody who can advise, guide and coordinate for them," Phillips said. "People still really want a relationship with someone who can do that."

Scotland County Health Department is pleased to welcome



Michelle Gilchrist, RN, BSN, FNP

Michelle Gilchrist comes to us with 13 years' experience as a Registered Nurse in various roles. During her time at McLeod Medical Center, she received the South Carolina Palmetto Gold Award. Encouraged by her family, she earned a Bachelor of Science in Nursing degree from Francis Marion University in 2015. In 2018, she earned her Master of Science in Nursing-Family Nurse Practitioner degree from the Walden University. Michelle Gilchrist is currently certified in Family Practice by the American Academy of Nurse Practitioners. Michelle was born and raised in Dillon, SC. She enjoys the feel of a small, close knit community. She is passionate about educating patients so that they can be empowered to take care of themselves. Michelle and her husband Grant Gilchrist live in Dillon, SC with their two children. Michelle enjoys spending time with her family, shopping, traveling and reading



Ashley Locklear, PA-C

Ashley Locklear has 8 years of experience as a Physician Assistant and has practiced for the past 6 years in Scotland County in the primary care setting. She was born and raised in Max-ton, NC. She received a Bachelors in Chemistry from UNC-Pembroke, going on to A.T. Still Uni-versity in Mesa, AZ to attend the Physician Assis-tant Program. Her passion is preventive medi-cine and providing quality care to the under-served. She is happily married to Kenny Chavis and mother to 3 beautiful daughters; Embreal, Kennedy and Evanna. In addition to being a health care provider she enjoys spending time with my family and attending church at New Hope.



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