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from the PUBLISHER

Happy holidays!

And just like that, 2024 is (almost) over and done with. While the year has passed much faster than I would like, it has been exciting to watch the magazine grow. Nothing makes us prouder than the positive feedback we receive from our readership and sponsors. It makes all the hard work worthwhile.

Closing out the year, our front cover physician hails from Brooklyn, NY, where she got her start in medicine while in high school. Bridget Hiller, MD, HMDC, FAAHPM, Chief Medical Officer for Hospice and Palliative Medicine for VIA Health Partners, was chosen during her sophomore year to participate in a pipeline program for minority students with the Mount Sinai Scholar program. She attended a six-week summer program as a minority medical student at the Mount Sinai School of Medicine and it was then that she visualized what her future could hold, and she never looked back.

After deciding to grow her leadership career, she found her way to VIA when they were looking for a CMO and she applied. She said it is the best decision she has made, and she loves working there. The culture, core values, and mission all align with her own and every day does not feel like work, it feels like her passion and calling.

Rebecca Pollack, MD, MBA, specializes in Obstetrics and Gynecology and Maternal-Fetal Medicine for Atrium Health Women's Care Maternal Fetal Medicine and knew from a very young age she wanted to be a doctor. Early on, she was a caretaker for her mom and looked up to the doctors who helped her. She saw firsthand how a kind, compassionate, thorough doctor could make a difference for a patient and family.

Although she considered geriatrics, she always had a passion for women's health. Maternal Fetal Medicine offers her a unique combination of complex medical problems, technical procedures, and very close patient relationships and she loves the puzzle-solving, the teamwork, and the fact that she is always learning from consultants and her patients.

This month's Notable Nurse Desiree Hodges, RN, MBA, CCRN, NE-BC, with Novant Health, was inspired to pursue nursing by her grandmother who worked in a factory but had always wanted to be a nurse and actually obtained her CNA after she retired from her job at the age of 60. Her grandmother was so proud when she learned Desiree would be attending nursing school.

She has been a nurse for 26 years and her first nursing position was at a small community hospital on a med/surg and pediatric floor. She has been with Novant Health for two years and started as the leader of the centralized hiring program for nurses. Working in an administrative role, she began to miss being in the hospital and physically connecting with her team. Fortunately, she was able to transfer into the role of Nurse Manager of critical care at MMC and truly enjoys being back in acute care.

I hope you enjoy this issue. To learn more about who is being featured each month, follow us on Instagram @medicalprofessionals.charlotte.

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

Here's to the memories we've made in 2024, the lessons we've learned, and the anticipation of what lies ahead in 2025. Happy reading and happy new year!

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Novant Health bariatric surgeons treat obesity as a chronic disease.



Partnership between surgeons and referring physicians targets the ultimate goal — improved long-term health of patients.

Bariatric surgeons across the Novant Health system treat obesity as a chronic, relapsing, lifelong disease. “We need to treat it like any other chronic disease by not just offering surgery, but by providing a multidisciplinary program,” said David Voellinger, MD, bariatric surgeon at Novant Health Bariatric Solutions in Charlotte. “That includes lifestyle management such as nutrition, exercise and activity, behavior modification, improving habits and sleep hygiene. On top of that, we’ll apply medications and bariatric surgery.”

Novant Health offers laparoscopic adjustable gastric banding, laparoscopic vertical sleeve

gastrectomy, laparoscopic Roux-en-Y gastric bypass, one anastomosis gastric bypass, biliopancreatic diversion with duodenal switch and revisional surgery. “We want to take the least risky approach possible that will be as effective as possible,” Dr. Voellinger said.

Weight loss is not the focus of bariatric surgery at Novant Health — long-term health is.

“We don’t like to call it weight-loss surgery, we like to call it metabolic surgery,” said James Dasher, MD, director of bariatric surgery at Novant Health Bariatric Solutions - Kernersville. “What we’re out to do is fix serious metabolic issues like



David Voellinger, MD

We need to treat (obesity) like any other chronic disease, by not just offering surgery, but by providing a multidisciplinary program.”

— David Voellinger, MD
Bariatric surgeon at Novant Health
Bariatric Solutions

diabetes, high blood pressure, high cholesterol and sleep apnea, so folks live longer. The nice side effect is losing a bunch of weight.”

Weight loss from bariatric surgery is key to surgical optimization work in collaboration with other subspecialties.

“We do care collaboratives, where we do surgical optimization work for patients before they need to get another surgery, such as joint replacement,” Dr. Voellinger said. “A BMI less than 40 can decrease complication risks. When a patient comes to us first, we can help them lose weight to get to that BMI. Then they can move forward with their other surgery. That applies to orthopedic, spine, gynecologic and breast surgery, among others.”

“Usually, it takes about three to four months to get through the process to get bariatric surgery and about six months to lose a bunch of the weight,” Dr. Dasher said. “So usually in less than a year someone who was at a very high risk for bleeding, infection and joint failure can be in a normal risk category.”

Partnerships with referring physicians and primary care physicians are integral to the work Novant Health’s bariatric surgeons do.

“A metabolic or bariatric surgical procedure is not going to be successful unless we have everyone involved,” Dr. Dasher said. “Every

patient has to see the nutritionists, counselors and trainers in our program. Then we have to have the integration of others involved — endocrinologists to make sure diabetes goes into remission and stays in remission, primary care for blood pressure and cholesterol trouble, cardiologists to provide risk scores for surgery, pulmonologists to manage sleep apnea.”

“Our goal is to have an open-door policy for our system so we can care for the whole patient,” said Dr. Voellinger. “These patients need primary care; bariatric solutions; CoreLife, a wellness program; and surgical options. Once the patient walks through any of these doors, whether it be primary care or bariatric care, we can then help them decide what’s the best and more effective care plan for them.”

Bariatric surgeons at Novant Health are champions of lifelong health.

Lifelong follow-up for patients is an expectation to ensure long-term positive outcomes. “If I see that someone has not done as well over the past year, they haven’t met with a dietitian and they are slipping back into old habits, that’s an opportunity to say, ‘Let’s meet with a dietitian again,’” said Colston Edgerton, MD, bariatric surgeon at Novant Health General Surgery & Bariatrics - Wilmington. “Even though we’re the surgical team and not the final destination for some of those

services, we’re still that point of contact with the patient.”

It’s about being invested in patient success. Novant Health collects data on outcomes, nutritional components and weight loss over years to better understand how patients respond to surgeries down the road. “It allows us to look at how chronic medical conditions change after the surgery and how those changes are durable, effective changes,” Dr. Dasher said. “That includes diabetes, high blood pressure and sleep apnea. But more data is showing overall prolonged life expectancy in patients who have had bariatric surgery compared to matched patients who have not had it.”

Novant Health is nationally recognized for excellence in weight loss surgery. Novant Health facilities have earned accreditation from the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program (MBSAQIP) by the American College of Surgeons and the American Society of Metabolic and Bariatric Surgery as well as the Blue Distinction Center for Bariatric Surgery by Blue Cross Blue Shield Association.

To work with Novant Health bariatric surgeons or to refer a patient, call **704-316-7760** or visit **NovantHealth.org/Bariatrics**.



RHINOPLASTY:

ACHIEVING BALANCE BETWEEN FORM VERSUS FUNCTION



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In the realm of facial plastic surgery, rhinoplasty stands out as one of the most transformative procedures when it comes to patient satisfaction. When considering rhinoplasty in a treatment plan, it is important to evaluate both the aesthetic and functional aspects of the nose to achieve optimal facial harmony. Maintaining this delicate balance requires the understanding that the nose is intimately tied to an individual's perception of identity as well as being a functional organ.

This article aims to provide resources on how to achieve that balance at every step from consultation to follow-up, offering practical insights for all in the Charlotte medical community.

Consultation: A Holistic Approach

The journey to a successful rhinoplasty begins long before the patient enters the operating room. It is important to recognize that patients often seek rhinoplasty for a combination of reasons—cosmetic concerns, functional breathing issues, or both. A thorough pre-operative assessment gives the physician a comprehensive strategy that allows all aspects of a patient's nose and goals to be considered.

During the assessment, the patient's facial proportions and symmetry are considered. The nose should complement the other features of the face, and any changes should be made with an eye towards maintaining or enhancing overall harmony. Functional considerations include assessing the nasal airway, looking

for signs of obstruction, septal deviation, or turbinate hypertrophy. In many cases, the goal of rhinoplasty is not just to reshape the nose but also to improve or preserve its function. By carefully assessing the patient pre-operatively we allow ourselves the space to consider the effect of one element on the other to achieve the perfect balance of the two.

Throughout the consultation and beyond, communication is vital to success. Understanding a patient's expectations, realities, and concerns is key to achieving satisfaction. Providing a 3D rendering is now common practice as it can help bridge the gap between verbalized desires and realistic outcomes.

Surgical Techniques: The Art and Science of Balance

The surgical approach to rhinoplasty can vary depending on the patient's unique anatomy and goals. Generally, there are two primary approaches: open rhinoplasty and closed rhinoplasty. Open rhinoplasty involves a small incision across the columella, allowing for greater visibility and access to the nasal structures, which is particularly beneficial for achieving ideal function and form of the nose during the procedure. This technique is more commonplace, as it can allow for a great range of modification in both the aesthetic contour and in the basic functions of the nose.

Closed rhinoplasty, on the other hand, involves only incisions within the nostrils and may be preferable for patients requir-

ing minor adjustments such as a deviated septum. These procedures are typically shorter than open rhinoplasty and are known for a faster recovery. However, there are sacrifices such as precision and limitations to cosmetic improvements that can be performed.

A successful rhinoplasty requires a clear understanding between patient and surgeon. By discussing the desired outcomes and the surgical process beforehand, the results of the procedure can be optimized.

Post-Operative Care: Understanding The Timeline

While many patients wake up eager to celebrate their results, the timeline to recovery after rhinoplasty should be discussed thoroughly to ensure they know what to expect. This post-operative phase is critical for ensuring both the functional and aesthetic success of the procedure.

By educating patients fully on the normal healing process, we aim to attain a balance between excitement and patience as swelling and bruising resolve. Most patients will experience swelling that changes throughout the process, taking several weeks to fully subside. More importantly, they should be aware that the soft tissues take longer to heal. Complete results are generally understood to be seen a year out from the surgery. As stated, transparency of this timeline is incredibly important to maintaining a positive and trusting relationship as well as enhancing their experience with their new nose from day one.



Instructing patients on the avoidance of any activities that could disrupt the healing process, such as blowing the nose or the use of glasses within the first few weeks. Regular follow-up visits are imperative to monitor the nasal appearance healing and address any concerns promptly.

Liquid Rhinoplasty: A Great Option For Temporary Cosmetic Improvement

The use of hyaluronic acid dermal filler to enhance nasal appearance has grown in popularity in patient populations who may not be financially or mentally ready for a permanent change. It offers patients the option of rhinoplasty-esque results with zero downtime and minimal discomfort. While this is a valuable tool for temporarily improving

cosmetic appearance, it has virtually no benefit for functional concerns. Additionally, this technique should only be attempted by a plastic surgeon who is very comfortable with facial anatomy as it carries with it a high risk of vascular occlusion.

Not all patients are great candidates for this procedure. The cosmetic improvements are limited to the addition of material alone, so someone seeking reduction of a dorsal hump will not be a great candidate for the procedure. Considering a patient's individual needs is paramount in deciding if a surgical or non-surgical approach is the best option for them.

Long-Term Results: Balancing Expectations and Reality

Long-term results of rhinoplasty are generally stable, but it's important

to prepare patients for the possibility that their nose may continue to change subtly over time. Factors such as aging, changes in skin thickness, or even weight fluctuations can impact the long-term appearance. It is also worth noting that globally, rhinoplasty revision rates are cited at 5-15%, though this is less common when the initial procedure is carefully planned and executed.

Rhinoplasty is a complex procedure that walks a delicate line between enhancing facial aesthetics and preserving or improving nasal function. By understanding the principles and considerations involved, all medical professionals in our community can play a crucial role in helping set expectations, placing referrals to specialists, and guiding patients toward successful outcomes.

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FUN FACTS

- She is from Brooklyn, New York.
- When asked for a secret talent, Dr. Hiller told us she plays the piano.
- She has been practicing medicine for 19 years.
- She loves to watch horror movies.

How did you get your start in medicine?

Surprisingly, I got my start in medicine in high school. I attended an inner-city high school in Harlem, NY, called Manhattan Center High School for Science and Math. In my sophomore year, the school offered several pipeline programs for minority students, and I was chosen to be part of the Mount Sinai Scholar program. I was given the opportunity to be a minority medical student and attended a six-week summer program, in both 10th and 11th grade. The impact my mentor Cassandra Hicks made on me changed my outlook on what the possibilities could be for a black woman in the field of medicine. Even when I entered college and had questions about applying to medical school, she was always there to support me to continue my journey. It was there that I was able to visualize what my future would hold, and I never looked back.



How did you find your way to VIA Health Partners?

My journey to VIA was truly special. Having moved from New York City to live in North Carolina, I was always impressed by the high-quality care provided by VIA and realized quickly they were the primary hospice non-profit organization in Charlotte and had a large geographic



reach. Initially, I worked for a large health system and as my commitment to hospice and community-based palliative care grew, the care provided in the post-acute space solidified my vision for my career trajectory. As I developed key strategic initiatives within the health system, I had the pleasure of working closely with leaders at VIA and saw firsthand the commitment they had to patient access to hospice and the extraordinary care they provided. When I decided to grow my leadership career, I enrolled in the certified physician executive program via the American Association of Physician Leaders as I realized my next career move was to become a Chief Medical Officer. As opportunities so pleasantly arose, I heard from a recruiter that VIA was looking for a CMO and I applied. The rest is history as it was the best decision I've made and now I know the journey all started to get me to this point. I LOVE working at VIA. The culture, core values, and mission are aligned with my own and every day does not feel like work, it feels like my passion and calling.

What drew you to palliative medicine versus another specialty?

I will say that my journey to the specialty of hospice and palliative care started when I was very young. Being raised by my grandparents in Jamaica, West Indies, truly impacted my life and I knew that being with them was important for me as I got older and watched them get older too. This showed me that the care needed for them increased. As they got older, they would come to New York for half the year to spend time with us. During my internal medicine residency, I always loved working with older patients; figuring out what was most important to them was a large piece of who being a doctor was to me. At the time, palliative medicine was in its infancy but growing like wildfire, and in 2005, the options were limited to a fellowship. As a result, I took my first job as an internal medicine hospitalist. There I had two patient experiences that allowed me to see the gaps in healthcare that only palliative and hospice could solve, and I had to find a fellowship program to become certified. I received information that the hospital where I did my residency training was now expanding its new hospice and palliative fellowship program to add two more spots and I immediately applied and got in!

What makes VIA unique in our community?

The patients and families, the exceptional employees who dedicate their lives to this field, and the leaders who lead the program. In this company, the core values, mission, and vision of the organization stand strong, including the deep roots this company has in Charlotte. And we are a family! The moment you walk through the door, you are treated as a core member of the team,

and for this company, you are truly embraced for success. The other attributes that make VIA unique are the dedication to relieving suffering and advancing the mission of hospice and palliative care.

What are your goals for the patients and families you work with?

We always start with what is most important to them. We follow their lead and respect and honor their goals of care.



The patients and families help us to best care for them, and they entrust us to support them at the end of their lives.

Tell me about the culture there.

The culture of VIA is patient and family first. It's done in a unique way of hiring and nurturing employees who have a similar mission and vision. This is our mission statement:

"The mission of VIA Health Partners is to relieve suffering and improve the quality and dignity of life through compassionate hospice care for those at end of life, palliative care for those with advanced illness, and through community education. VIA Health Partners is committed to you, to the well-being of you, your family, and your loved ones. Let us help you through the end-of-life process. Let us take away the fear associated with death and help you live your life as fully as possible until the very end."

Our President and CEO, Pete Brunnick believes in visibility and presence and leads by example.

How would you define quality care?

Quality of care is highly efficient, patient and family-centered, safe, and reliable care. It is the hallmark of a high-reliability organization and a pillar of growth and sustainability.

In your opinion, what are some of the biggest issues facing hospice and palliative care today?

The biggest two are payment and staffing. There are several growing issues currently in the palliative care space. The biggest of all is the growing demand for palliative services and a workforce that is not keeping up. In a recent survey conducted by the Center to Advance Palliative Care (CAPC); More than one-third (37%) of palliative care team leaders reported that the ability to meet demand was among their leading concerns in 2025, with 34% also citing access to qualified professionals. The other major issue is the expansion of value-based care and limited reimbursement for palliative service which continues to mostly live in a fee-for-service world. Hospices are leaning into finding payment solutions, and national organizations like the Alliance and American Academy of Hospice and Palliative Medicine are advocating on a state and national level for continued changes in our specialty.

What motivates you?

Being a leader for so many years and having grown in many areas of my life,

especially spiritually, what motivates me has changed and evolved. Today I am motivated by seeing the employees who work for me feel content and happy in their jobs, seeing the expansion of hospice and palliative care and what's to come, and lastly, witnessing the impact of the care VIA provides through patient and family testimonials. The best one is my favorite yoga instructor who reminds me to breathe.

What concerns if any, keep you up at night?

Making sure I am doing a good job to lead the organization to success.

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

What keeps me engaged when things are hard is to remember my WHY. My grandparents, and my aunts who are aging, and continuing my spiritual practice to grow into the best person I can be. I now understand in my life that the journey up the mountain is not linear, it has dips and valleys with a road that continues to move up. I have had many struggles and remember those days to remind me I made it and can do anything I set my mind to.

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

This comes through my spiritual practice of prayer, yoga, meditation, and weekly therapy sessions. My mental health is a priority for me, and it's scheduled in my week. I also have the most amazing husband, family and friends. They keep me inspired, grounded, and smiling. I will come home, and my husband always Greets me with a smile and hug. That is priceless.

Have you ever been close to quitting or changing careers?

Gosh, no.

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

I have seen the practice of medicine change so much. There are growing demands for internists and others with a dwindling number of physicians choosing primary care. At the same time, I have also seen a shift in the mindset of the importance of palliative care and shifting priorities for caring for individuals living with serious illnesses. Most national societies, including ASCO (American

Society of Clinical Oncology), and the AHA (American Heart Association) to name a few, now recommend palliative care as part of clinical practice. In 2022, the AHA created the post-acute hospice and palliative certification, which VIA achieved in July of 2024. Lastly, we are also seeing the growth of community-based home care services including home-based primary and palliative care.

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

Better payment models for palliative care, palliative integration in all chronic illnesses, and increasing home-based elderly care.

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

Seeing the medical services department evolve and a thriving, motivated physician team. Watching the clinical staff provide high-quality patient care and being able to impact care by creating new and exciting clinical initiatives to improve patient outcomes and experiences. I love my job!

What do you do to keep improving your knowledge?

Conferences like the annual assembly for the American Academy for Hospice and Palliative Medicine (AAHPM), NHPCO (National Hospice and Palliative Care Organization now called the Alliance), and the Center to Advance Palliative Care (CAPC). For leadership, I love courses from the American Association of Physician Leaders (AAPL).

Do you have a career highlight?

I have two career highlights. The first is being chosen in 2021 as the Women's Wellbeing through Equity and Leadership (WEL) Scholar through the American Hospital Association. The second highlight is my first Chief Medical Officer (CMO) position at VIA.

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

Take the time to learn WHO you are. The real work starts by looking within. Be open, brave, courageous, and never give up.



FEATURED PHYSICIAN

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

Brooke Buckley, MD, Paul D'Amico, MD, and Tom McGinn, MD.

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

I would have been a spiritual healer and led meditation classes in my home of Jamaica.

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

I am who I am because I committed to understanding who I am as a person. I diligently went to therapy and used each circumstance in my life to be better. It was SO hard, but I made it through the other side by really tapping into loving myself. This allowed me to live authentically and lead as a CMO at VIA Health Partners.

I also want to tell you about my best friend and husband Troy Hiller. I never knew what it would feel like to truly, authentically love someone. I always loved working and when I met Troy, he showed me the love of life, happiness, and joy outside of work. He allows me to be my best and fosters in our relationship one of honesty, openness, joy, and love. Meeting him was one of the best moments of my life. We have been happily married now for nine years.

GETTING TO KNOW THE DOC...

When you were younger, what did you think you would be when you "grew up?"

Work and take over my aunt's Jamaican restaurant in Brooklyn, NY.



FEATURED PHYSICIAN

Favorite snack.

Grapes.

The last book you enjoyed.

The Power of Now by Eckhart Tolle.

A movie you could watch on an endless loop.

Alien with Sigourney Weaver.

A fun adventure you have been on.

Greece.

The best advice you have ever received.

Love yourself.

Something in life you are happy you did.

Move to North Carolina and marry the love of my life Troy.

Something you are excited about coming up in the next 12 months.

My birthday.

Interests/hobbies outside of work.

Yoga, shopping, and watching movies.

Hobbies you would like to try if you had more time.

Walking.

A habit you would like to change.

Working so much.

Someplace on your bucket list.

Bora Bora.

Favorite sports teams.

I don't like sports.

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

Any spiritual leader like Eckhart Tolle or Tara Brach. I would love to be in the body of someone who is truly centered, believes in the present moment, and motivates others to be their best self.

Anything your parents taught you that sticks with you today.

You can achieve anything.

Personal accomplishment you are most proud of.

Starting and sticking to yoga practice.

Charities you are involved with or support.

My grandparent's scholarship fund in Jamaica.



Your first job.

A waitress at my family's Jamaican Restaurant "Dewars Restaurant." I laugh all the time because I started "helping" her when I was only four years old filling up the salt and pepper shakers.

Tell us about your family.

My family are immigrants from Jamaica, West Indies. Most came from Jamaica in the late 60s to early 90s. My mother is one of 12 children and when I was born, I went to live with my grandparents in Jamaica who raised me until I was about three years old. My grandfather was a farmer in Jamaica and my grandmother took care of the kids. Cooking was the biggest part, and we all loved food, which makes it no surprise that my aunt opened up one of the first Jamaican restaurants in Brooklyn, NY. Every Sunday we

attended church, and the day always ended with a large family dinner. Being raised in this cultural unit by my grandparents and aunts gave me the foundation to be who I am today. My family instilled values of hard work, sacrifice, love, dedication, and resilience which has gotten me this far and I have much further to go.

Indoors or outdoors person?

Indoors. I will do a class in a yoga studio or Peloton and would rather watch a good movie on the couch.

The last thing you researched on the internet.

A new restaurant in Charlotte.

Your guilty pleasure.

Ice cream.



Dr. Hiller's grandparents.

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This Isn't Working

A Guide To Recognizing Treatment-Resistant Depression



Sashalee Stewart, MD
Avance Psychiatry
Charlotte

Many of us have heard some variation of the phrase, "The eye cannot see what the mind does not know." In short, this describes the limits of the human mind to perceive nuances contained in information not previously learned.

We are aware that it is impossible to make sound medical decisions about patients when we are not familiar with the signs and symptoms to seek. With depression affecting around 21 million American adults, it is important for us to understand when someone's disease is treatment-resistant, which affects approximately 30% of this population. This helps facilitate appropriate care and decrease the probability of treatment burnout for both patient and provider.

What is the issue?

There is no DSM classification for treatment-resistant depression (TRD), but it is widely accepted that an individual meets the criteria if they have a major depressive disorder that is not *adequately* responsive to at least two different antidepressants of suitable dose and duration. Many cases of depression are initially diagnosed/treated outside of psychiatry. For this reason, it is vital for every provider to have cursory awareness of this disease course so that care is not delayed.

There are many reasons why a patient with depression may not be getting better despite one's best efforts. The etiology of this is usually multifactorial and rarely has a singular influence of origin. Contributing factors



may include incorrect diagnosis, psychosocial stressors, medication nonadherence, or other comorbid conditions. So, it is important to investigate this thoroughly with each patient to rule out confounding elements of their history.

What am I supposed to do?

Patient feedback is essential to this process. Listen to your patients, as they may express frustration with their current treatment or a sense of stagnation with their progress. Some patients may show partial improvement but remain significantly impaired by their symptoms. This partial response can be misleading and may require a more nuanced assessment.

If you have ruled out the aforementioned elements in your workup and suspect TRD, the next step will be patient education and

getting their buy-in for a psychiatry referral. Recent data shows that response to antidepressant treatment significantly decreases after the second trial. However, there are other potential treatment options available that are FDA-approved, including Spravato (esketamine), transcranial magnetic stimulation (TMS), or electroconvulsive therapy (ECT).

Recognizing and managing treatment-resistant depression requires a proactive and nuanced approach. By staying vigilant to the signs of TRD and employing a collaborative relationship with psychiatry, you can play a crucial role in improving the quality of life for patients struggling with this challenging condition. Early identification and intervention are key to providing effective treatment and hope for patients with TRD.



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REBECCA POLLACK, MD, MBA

Maternal-Fetal Medicine, Obstetrics and Gynecology
 Division Director Maternal Fetal Medicine
 Department of Obstetrics and Gynecology
 Atrium Health Women's Care Maternal Fetal Medicine



How did you get your start in medicine?

I knew from a very young age I wanted to be a doctor. The family lore is that as a three-year-old, I asked my mom's obstetrician, "Are you going to do an amniocentesis?" My mother had Type 1 diabetes and many health complications her whole life. I was a caretaker from early on and looked up to the doctors who helped her. I saw firsthand how a kind, compassionate, thorough doctor could make a difference for a patient and family. My mom was a nurse, and I saw and learned how she really took care of people. She worked as an OB coordinator at an underserved clinic, and she made those mothers feel seen and heard. I try to model that now and meet patients where they are to help them get where they need to be. She passed nearly six years ago and remains my inspiration.

How did you choose your specialty?

I have always had a passion for women's health. Maternal Fetal Medicine is a unique combination of complex medical problems, technical procedures, and very close patient relationships. I love the puzzle-solving. I love the teamwork and that I am always learning from consultants and my patients.



Were there any other specialties you considered?

As a pre-teen, I would volunteer at the nursing home where my mom worked. I loved the extra time with my mom and really enjoyed spending time with the residents. As I started medical school I thought I would pursue geriatrics. I loved working with older individuals and helping them navigate the changes of aging, and hearing their stories.

Tell me about how you landed at Atrium Health.

My aunt and her family were living in

North Carolina and my co-fellow knew the Division Director here and connected us. As a Midwesterner born and raised, I was excited to move to better weather and the beach and mountains. Professionally, this position was the perfect opportunity for me to practice clinical medicine, have an impact on my community, and help teach the next generation of obstetricians.

What makes your practice unique in our community?

We get to work with the best of the best! We collaborate with obstetricians across the entire Atrium Women's Service line, the amaz-

ing Levine Children's Hospital Neonatologist, Sanger Pediatric Cardiologists, Pediatric Surgeons, Anesthesia, and all the world-class specialists that help care for our moms and babies with complex medical and surgical conditions. Further, we have the opportunity to help shape policies and procedures and implement quality initiatives that benefit not only our individual patients but the larger system and community.

As faculty physicians, we are responsible for educating Medical and Physician Assistant students, Advanced Practice Providers, and OBGYN Residents and have a direct role in helping to shape the future of medicine.

Tell me about your role as the Assistant Residency Program Director for the Obstetrics and Gynecology Residency program.

I have been blessed throughout my education, training, and career, to have benefited from some incredible teachers and mentors, and feel a responsibility to give back. I love working with these young doctors and helping them to reach their best potential. I try to get them to think, not just memorize. I am very transparent and try to be honest about the challenges of practicing medicine like life-long learning and maintaining yourself and





an outside life. I share and model how I try (and sometimes fail) to “do it all.”

What do you find are your biggest challenges?

For fear of sounding dramatic, sometimes my job really is life and death. We help families through some of the worst situations of their lives. It can be heart-breaking and heavy. Sometimes – despite all the medical advances we have, and all the best efforts of the team – bad things still happen. And while it is hard, it is an absolute honor to walk in this space with our families. One of the best things is when I get to see these families through another, healthy, pregnancy.

What does a typical day look like for you?

I try really hard to get up early and exercise. I have a wonderful pilates instructor who keeps me honest twice a week. I then do the parent shuffle so many of us know – getting yourself and your kids ready and out the door. Most weeks I see patients in the office from 8–4 and some weeks I cover our hospital service and am on home-call 24/7. I have lots of administrative and educational tasks and meetings mixed in there and I try to keep my evenings for family time.



What is your definition of quality care?

Quality is bringing the best evidence-based medical care to your patients with patience, and empathy. Quality is listening and trying to meet the individual patient’s needs. For me, it is also actively engaging in ongoing quality improvement processes.

What motivates you or excites you about what you do?

I think motherhood is magical (with respect to all birthing persons). Being a mom is the joy of my life! One of the reasons I love working with our moms who struggle with addiction is that pregnancy is an opportunity to learn, and get support. By helping mom feel empowered to care for herself, you in turn help the baby she’s growing, and maybe help her and her family moving forward. I am passionate about educating my patients to be their own best advocates. Knowledge is power! I love working with awesome people and getting to take care of women at this important time in their lives. Also, there is nothing more exciting than seeing a baby born – even still!

I am also excited about the future of medicine and get tremendous fulfillment from working with learners at different stages. We will soon open a full four-year

Wake Forest Medical School Campus here in Charlotte. I am excited to be a part of this huge endeavor that will benefit our community with jobs, medical professional training, and our patients.

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

It is so cliché, but you can’t pour from an empty cup. Self-care means moving my body and getting time outside. I am an avid reader and love escaping to new worlds and different times. I also love travel and now that my kids are getting bigger am excited about new adventures together. There is also some stress shopping and Sephora is my weakness!

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

One change is the acknowledgment of how social determinants of health are integral to healthcare delivery and outcomes. The best medicines and best treatments don’t mean anything if your patients don’t have access, don’t have safe shelter and food. This is really playing out in Obstetrics where we are trying to eliminate disparities in maternal outcomes, in particular for black women. It is imperative that we build teams – nursing, social work, etc to help us provide this comprehensive care.



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

Call me! I think direct communication about questions and helping to arrange patient follow-up and follow-through is the best. Our current electronic medical record system helps this type of communication too. Many of my patients see multiple teams and coordination and collaboration are key.

There are no bad questions. Sometimes you just need a set of listening ears, to run something by another person. I’m always receptive to being that person and am always happy to help with referrals. You can contact the Myers Park OB/GYN office at 704-446-1544.

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

Do what you love. Work is hard sometimes, but it should be good, mentally challenging, emotionally supportive, and a place for ongoing growth. Never stop learning!

On the personal life side of things – it’s always busy, and there is never the perfect time to have a baby, or take the big vacation. So just do it and you’ll figure it out along the way. Give yourself grace! Acknowledge the ebb and flow of work and life. Sometimes work needs more attention, sometimes you are better at self-care. It all comes back around.

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

Reading, travel, theater. I’m a big Swiftie and had the tremendous opportunity to see her in London this summer with my daughter.

Tell me about your family.

I have an incredibly supportive husband. We met when I was a resident and we have been through lots of changes and growth. He stayed at home to take care of the kids and returned to finance recently. We are adjusting to a two-working-parent family, and I am doing a lot more cooking. We have a very energetic, bright, creative ten-year-old daughter who is ready to take over the world, and she comes by it honestly. Our son is six and is smart and sweet, with an engineer’s mind, and he climbs on everything! My sister and I are very close and she is the most amazing aunt. She is a PA at Atrium and it’s really fun to get lunch or coffee together sometimes. My brother and family, and two amazing nieces live in Chicago and we love visiting (in the summer). I have the most incredible “family”, our chosen family that we’ve built here in Charlotte.



There is an increasing and necessary focus on physician wellbeing and moving away from the old model where the only way to be successful is to work 100 hours a week. We are working more in teams, with the goal of each individual working to their highest potential, and sharing the load.

Traditionally, doctors were not to share personal experiences or opinions with patients to stay objective. And while I work hard to keep up with the best evidence, bringing my full self, my own pregnancy and birth experiences to the table – has only made me a better doctor and patient advocate. Our students are learning and seeing this in practice now.

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

I stand on the shoulders of some incredible folks! In particular, my residency program director Mary Abemathy, and fellowship director Dr. Wendy Hansen, both perinatologists. They showed me how to be humble, human, curious, and kind. I stay in touch with them and reach out when I need support. I am forever indebted to them both and so many others.

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

I think I’d be a high school biology teacher. I loved that material, and still fondly remember my teachers.



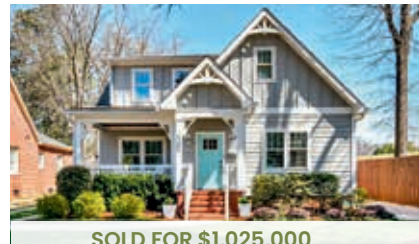
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MEET
Liz Khodak



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5 Ws

OF PSYCHOEDUCATIONAL EVALUATIONS



Gretchen Hunter, PhD
Pediatric Neuro-psychologist
Child & Family Development



Jessica DeLing, M.Ed
Educational Specialist
Child & Family Development



Gillian Howard, LPA
Licensed Psychological Associate
Child & Family Development

When parents pose questions about their child's health and well-being, it's important to consider all aspects of their development. Each child possesses unique strengths and challenges. In pediatrics, psychoeducational evaluations can provide physicians with valuable information when taking a whole-child approach to care.

Who can provide this service?

In the state of NC, Licensed Psychologists (LP), Licensed Psychological Associates (LPA), Clinical Neuropsychologists, and certified School Psychologists are qualified to conduct such evaluations in a private setting. Psychologists sometimes collaborate with a masters-level educational specialist to complete the academic portion and/or a speech-language pathologist (SLP) to assess communication skills. In a school setting, a similar evaluation can be completed by members of a special education team as part of an IEP process.

Where can an evaluation be conducted?

Qualified providers can be found in private practices, psychiatric or behavioral clinics, hospital settings, and schools.

What does a psychoeducational evaluation entail?

A psychoeducational evaluation typically includes a wide variety of measures to assess an individual's intellectual ability (i.e., verbal skills, visual-spatial, nonverbal reasoning, memory, processing speed), attention and executive functioning (i.e., concentration, organization, impulsivity, self-regulation, etc.), social-emotional and behavioral functioning, academic achievement (i.e., reading, phonological processing, spelling, writing, mathematics, fine-motor skills), and language skills. A thorough background history, review of records, clinical interviews, norm-referenced multi-informant questionnaires, and behavioral observations are vital components of a comprehensive assessment. The process often includes a caregiver interview session, individual testing sessions with the child (total time depends on the concern), and follow-up feedback sessions. All sources of information are considered to conceptualize a child's profile in relation to the normative population of their same-age peers. This allows for well-informed diagnostic decision-making. Evaluator(s) complete a written report that includes interpretation of results and recommendations for next steps, which often includes follow-up with primary care physicians.

Why would this information inform my practice?

Differential diagnosis is essential to determining optimal treatment. The most common reasons for referral are concerning neurodevelopmental disorders (i.e., ADHD, Autism Spectrum Disorder, Intellectual Disability, Learning Disorders, Dyslexia), anxiety or mood difficulties, or behavioral concerns. In addition to diagnostic clarification for neurodevelopmental disorders, psychoeducational evaluations provide documentation necessary for a variety of services: insurance criteria for Applied Behavior Analysis (ABA) requires a direct measure of ASD symptom severity and level of adaptive functioning; documentation necessary to receive accommodations in schools (i.e., IEP), standardized tests (i.e., SAT), meeting admissions criteria for specialized schools or educational programs, or placement determination for higher levels of care or community-based programs.

A common question from providers is to understand the difference between psychoeducational evaluations conducted by school districts and those that are provided by Licensed Psychologists in community or private practice. The main differences are that public school evaluations assess eligibility based on IDEA (Individuals with Disabilities Act) federal classi-



fication criteria, rather than DSM5 criteria to assign medical diagnoses. School-based assessments also typically emphasize the impact any disabilities/disorders have on the child's educational experience. In outpatient practice, there are likely many children who are in need of support and intervention but do not meet public school eligibility requirements due to the relatively mild nature of their deficits. It is important to also note that testing for educational purposes is not covered by insurance because it is not considered medically necessary (e.g., other exclusions include vocational testing, forensic evaluation, and custody evaluation). Therefore, the psychological portion of evaluations is typically covered and patients are advised of self-pay obligations.

When is the right time for a child to be evaluated?

Such evaluations can be conducted at nearly any point in a child, adolescent, or young adult's life. Optimal timing depends on the nature of the referral concern, however, in the case of neurodevelopmental disorders, early identification is vital to maximize the benefits of treatment. By definition, such disorders manifest to some degree in the early developmental period and persist across the lifespan, so it is possible to identify them later in life as well, in which case a thorough background history is especially important. For anxiety, mood, or behavioral disorders, symptoms may not necessarily become apparent until later in development.

Sources

American Psychological Association, *APA Task Force on Psychological Assessment and Evaluation Guidelines. (2020). APA Guidelines for Psychological Assessment and Evaluation. Retrieved from <https://www.apa.org/about/policy/guidelines-psychological-assessment-evaluation.pdf>*

IDEA Regulations: Part B, subpart A, Section 300.8 Retrieved from <https://sites.ed.gov/idea/statuteregulations/>

DESIREE HODGES

RN, MBA, CCRN, NE-BC



Who inspired you to go into nursing?

My grandmother was always a caregiver to everyone in our family. She would always say, "I wish I could have been a nurse," and "Maybe one day you will be a nurse." She worked in a factory and then actually obtained her CNA after she retired from her job at the age of 60. She was so proud when I told her I was attending nursing school.

How long have you been a nurse?

I have been a nurse for 26 years.

Tell me about your first nursing position.

My first nursing position was at a small community hospital on a med/surg and pediatric floor. I learned so much from so many wonderful people.

How long have you been with Novant Health and how did you find your way there?

I have been with Novant for two years. I started as the leader of the centralized hiring program for nurses. I worked

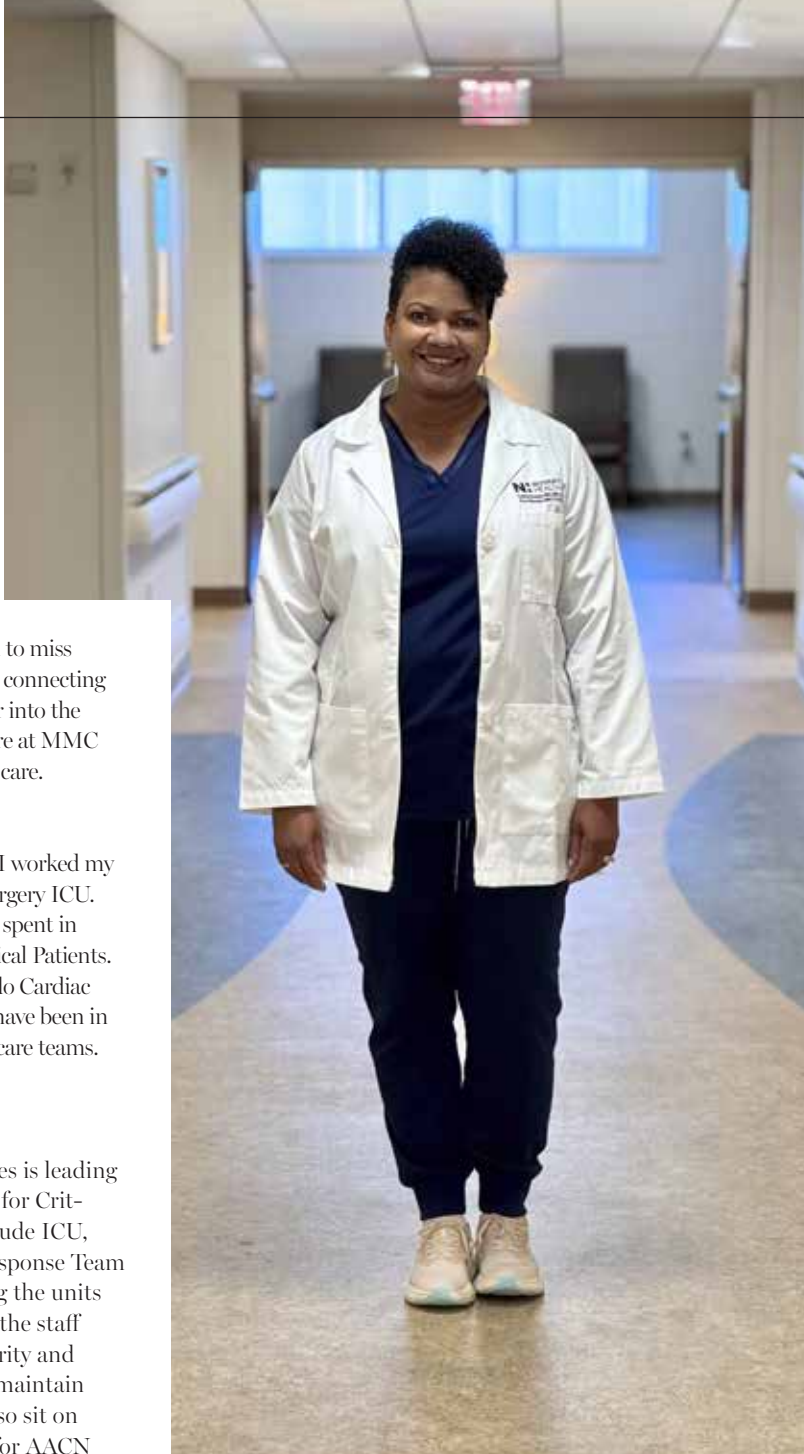
in an administrative role and began to miss being in the hospital and physically connecting with my team. I was able to transfer into the role of Nurse Manager of critical care at MMC and truly enjoy being back in acute care.

Tell me about your past roles.

After working Med Surg for a year, I worked my way into the specialty of Cardiac Surgery ICU. The majority of my career has been spent in critical care caring for Cardiac Surgical Patients. I have also had the opportunity to do Cardiac Research and in the last 11 years, I have been in nursing leadership, leading critical care teams.

What are some of your primary responsibilities now?

One of my primary responsibilities is leading the daily operations and strategy for Critical Care at MMC. My teams include ICU, Intermediate ICU, and Rapid Response Team and I am responsible for ensuring the units are adequately staffed. Safety for the staff and our patients is my main priority and we work diligently to create and maintain a healthy work environment. I also sit on the National Board of Directors for AACN



The ability to critically think through scenarios and to connect with people.

What do you enjoy most about your job?

I love seeing the joy that the staff has when our patients have reached their optimal health outcomes.

What do you find most rewarding about your job?

I get the opportunity to work with some amazing people and to see them grow in their profession and develop their skills. This is rewarding to me.

What have you learned being a nurse?

I have learned that everyone has a story and that we must honor that story despite how they got where they are. We are here to care for them and meet them where they are at that moment.

If you had not chosen nursing, what profession do you think you may have chosen?

I think I would have been an attorney. I like to debate, negotiate, and win!

What advice would you share with someone thinking of entering the nursing field?

Be sure that you have the passion and compassion for this work. Without either of those, you will miss the joy

and fulfillment that you get from serving others.

Tell me about your family.

My family is most important to me. I am blessed to have a wonderful, supportive husband and two very intelligent young women. Since losing my mom to COVID-19 in 2021, I have been more intentional about being present for my kids, my husband, my dad, and my sister. It has been God's grace that has held us all together. Being a nurse leader can consume a lot of your time, but over the past couple of years, I have learned to find a nice balance between the two. I am a very different leader, a much more present leader with some emotional boundaries in place. This allows me to be my authentic self and provide much more grace to others. I am in a great space these days and am enjoying all that life has in store for me.

How do you like to spend your free time?

I love spending time with my family and traveling and I also love doing yoga.

What is your guilty pleasure?

An overindulgent dinner with my friends or my husband.

(American Association of Critical Care Nurses) where I work alongside some of the most brilliant minds in nursing. We work to ensure that nurses have the needed resources to make their optimal contribution.

What are some of the challenges of your job?

Staffing is definitely a challenge. Ensuring that we have enough team members to safely care for patients is what keeps me up at night.

What do you feel your greatest skill is as a nurse?



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Thank you to our loyal readers, our physicians for allowing us into your lives and sharing your stories, and our sponsors of both the magazine and our socials, for making 2024 another successful year.

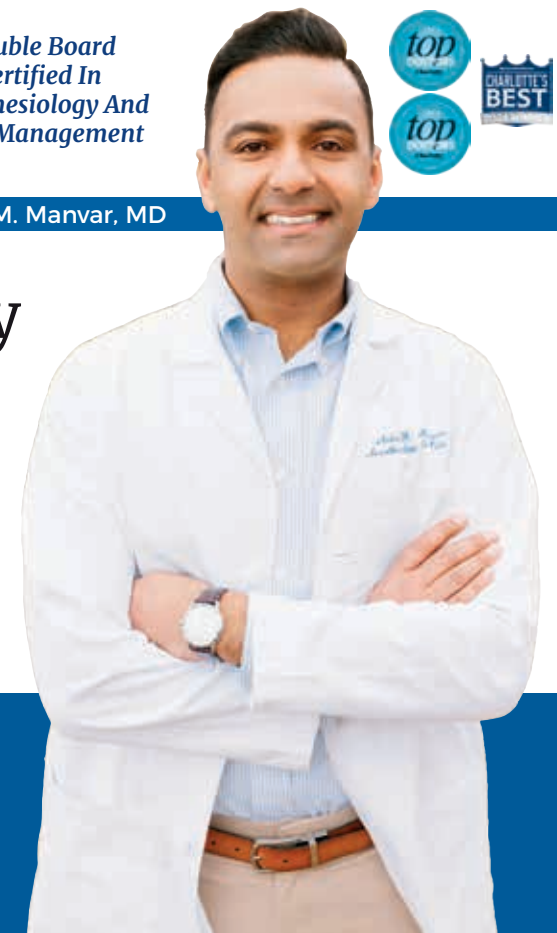
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FALL SOCIAL



We hosted our fall social last month on Thursday, November 14th celebrating past featured physicians and our local medical community. A HUGE thank you to our event sponsors **Avance Care, Carolina Digestive Health Associates, First National Bank, Gardner Skelton, Oncology Specialists of Charlotte, Social Med Consultants, Surgical Specialists of Charlotte, and Thrive Financial Partners.** We appreciate your support, generosity, and help in making this our best event yet! We could not have done this without you!

Thank you **Juan Zambrano** for all of the great pictures!









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