

MEDICAL PROFESSIONALS

JANUARY 2026

CHARLOTTE

Monica Washington MD, FACOG

Obstetrics and Gynecology
Atrium Health Women's Care
North Charlotte OB/GYN



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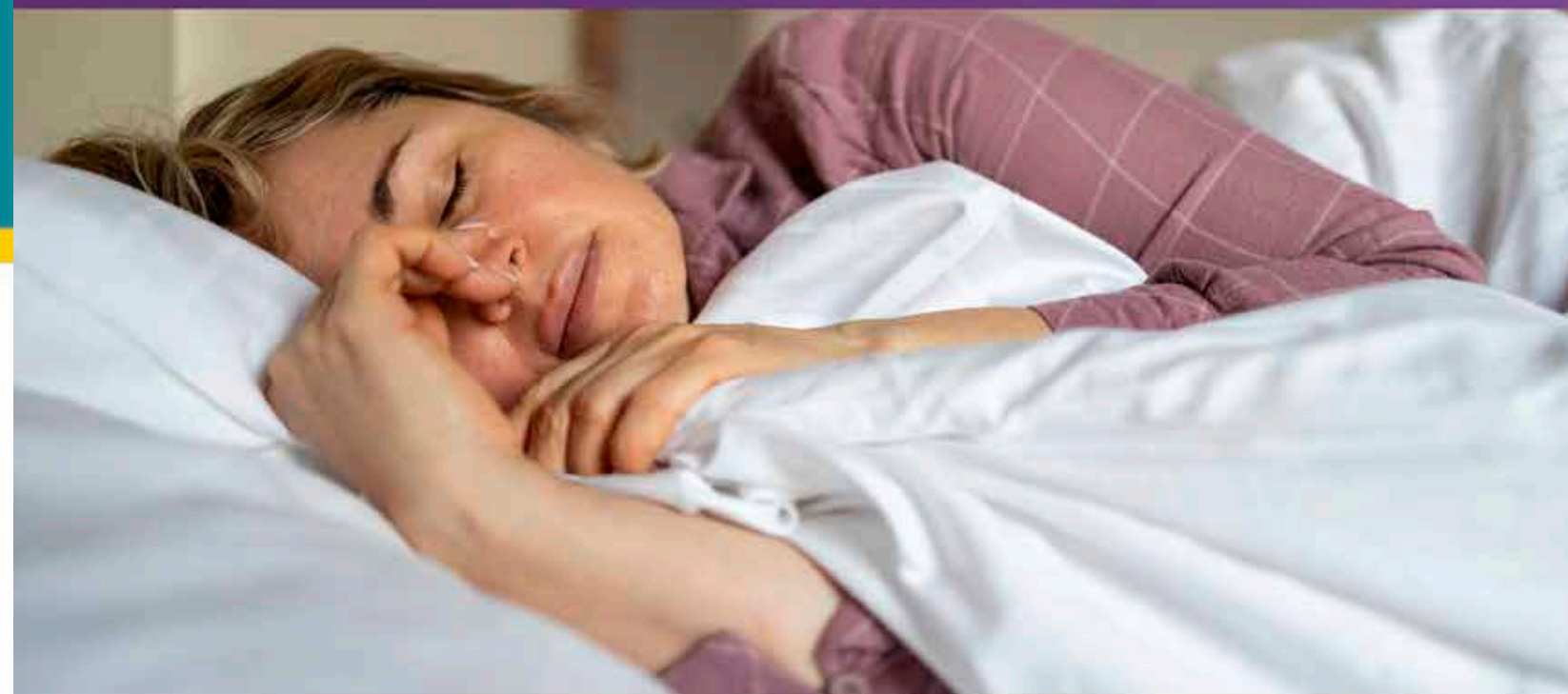
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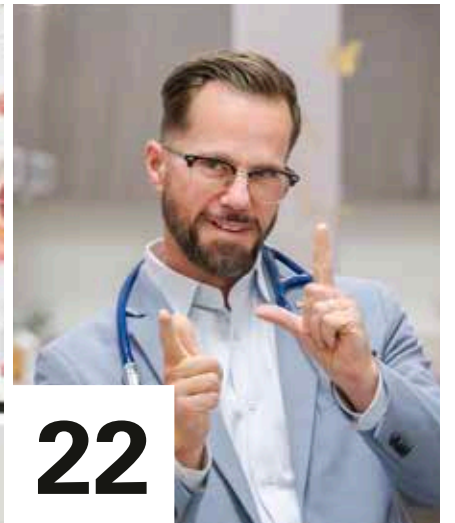
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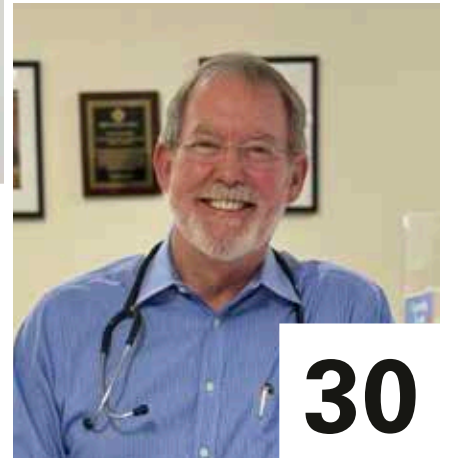
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A smiling woman with dark, wavy hair, wearing a black lab coat over a black top and pants. The lab coat has "M. Washington, MD" embroidered on the left chest. She is standing in a medical office with a computer monitor and medical equipment in the background. A large white box with the number "12" is in the bottom right corner.

22



12



30



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from the PUBLISHER

Happy New Year!

With the holidays behind us, the new year offers an opportunity to learn from the past and to make positive changes we would like to see. The new year marks a time of newly found happiness, new hopes and promises, and a clean slate. We wish you a year full of joy and peace.

Starting the new year off is Monica Washington, MD, FACOG, specializing in Obstetrics and Gynecology with Atrium Health Women's Care North Charlotte OB/GYN. She always loved the field of medicine and always knew she wanted to be a physician. She found her way to Atrium Health when one of her best friends from residency reached out to her about interviewing with her group. They always said they'd eventually work together, and their dream came to fruition! They are now partners in the practice.

Their practice is unique in that it is an all-female OBGYN practice. For her, quality care is about being patient-centered and allowing for shared decision-making and patient education. It is evidence-based, safe, respects patient values, and is accessible and delivered similarly regardless of patient background and experiences. She spends time getting to know each patient and engaging with them, and making sure they understand why they have come to see her and their outlined plan of care.

This month's specialist, Mark Reynolds, MD, with Novant Health Ballantyne Pediatrics, experienced tragedy and a life-threatening illness at the young age of seven that instilled in him a purpose that propelled him to pursue medicine. These experiences gave him a strong sense of purpose and the clarity that he was called to be a pediatrician. His life goal became focused on helping children and their families through difficult health needs, encompassing physical, emotional, and nutritional healing.

After serving in the US Air Force for 11 years, he learned from a close friend that Novant Health was in the early stages of starting Ballantyne Pediatrics, and they were looking for pediatri-

cians to build the practice from the ground up. At that time, Ballantyne was mostly undeveloped fields, and some would say it was a risky venture, but he viewed it as an important opportunity and was one of the co-founding physicians. He attributes their success to the dedication of their clinic administrators and staff, along with the strong support provided by Novant Health. Their approach has been innovative thinking with both clinical and business decisions.

Meet J. Wesley Thompson, PA-C, MHS, AA-HIVS, DFAAPA, former HIV Medical Director of Amity Medical Group, now with the North Carolina Department of Health and Human Services, Communicable Disease Branch, Department of Public Health. He was fascinated at the age of five when his pediatrician allowed him to play with his stethoscope, otoscope, and ophthalmoscope, and he was immediately hooked and asked Santa Claus for a "doctor's bag."

As Medical Director of Amity, he ensured patients' needs were always met, including housing security, food security, clothing security, transportation security, mental health and substance use assistance, and, of course, making sure top-level care was provided to all. Now, with the help of his colleagues in Raleigh, he is teaching one-on-one in each health department and supporting agencies of his vision of "holistic" care. He states, "all are worthy of love and 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 healthcare professional to be featured, if you would like to provide content, or if you would like information on sponsorship opportunities.

Happy New Year and happy reading!

Denise

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Mary Carmel's Light

... empowering people living with Charles Bonnet Syndrome



Mary Carmel's Light Co-founders and siblings Kevin & Eva Potts. Photo by Cindy Grano.

Mary Carmel's Light was created to support and empower people living with Charles Bonnet Syndrome (CBS). This nonprofit is the first of its kind in the USA. Co-founded by siblings Eva Potts and Kevin Potts, Mary Carmel's Light was established to raise awareness, provide education, offer support, and share information about Charles Bonnet

Syndrome to those living with CBS, the medical community, research organizations/foundations, and the general population.

What is Charles Bonnet Syndrome (also known as CBS):

Charles Bonnet Syndrome is a physiological condition that affects individuals of any age, race, gender, ethnicity, sexual orientation, or socioeconomic status. Based on UK research, 30% of people with substantial vision loss will develop CBS.¹

Individuals who have lost a significant percentage of their visual acuity to eye disease, accident, injury, or illness can begin to experience silent visual hallucinations. These hallucinations are not auditory or tactile and can vary from pleasant to frightening and even nightmarish. These individuals are NOT mentally ill, mad, or crazy, and they can be helped.

The challenge faced by people living with CBS is ongoing misdiagnosis and the use of medication that neither improves nor affects their CBS hallucinations. Often, these inappropriate medications cause serious side effects, increase the risk of falls, sometimes worsen CBS hallucinations, and can lead to neurological or physical damage that was not present before the medication was prescribed.

Providing a concise description of CBS is Dr. Leo Skorin, Jr., DO, MS, Medical Director for Mary Carmel's Light:



Dr. Leo Skorin.

"Charles Bonnet Syndrome is the occurrence of visual hallucinations in individuals with vision loss. The amount of vision loss can vary, but greater loss increases the risk of CBS developing.

CBS has been associated with disease processes at any level of the visual system. CBS can occur at any age, including children. Reported more often in older adults due to declining vision associated with Macular Degeneration and Glaucoma, it is indiscriminate and often misdiagnosed in children as well.

The visual hallucinations are frequently detailed, clearly formed images that may be static or dynamic, and usually with vivid colors, but can also be black and white. What the individual actually sees is highly variable. Patients may see different images at different times of the day and on different days. The images occur and disappear randomly.

A key point is that these images are non-threatening and can be pleasant, although it is possible that the individual may find them irritating and anxiety-provoking. Patients with CBS retain their insight into the unreality of what they see. They do not have psychosis, delusions, dementia, or hallucinations of their other senses."

The struggle for people living with CBS is in receiving a proper diagnosis, being recognized by the medical and healthcare communities, and receiving information, resources, and support for their CBS diagnosis. The journey of a correct diagnosis and follow-up services is well described by Mary Carmel's Light Information and Research Specialist, Dr. Gary Cusick, PhD, Clinical Psychologist.



Dr. Gary Cusick.

"Charles Bonnet Syndrome (CBS) is the appearance of visual hallucinations occurring in the context of sight loss. When no longer receiving adequate input from the eyes, the brain produces visual images that the person perceives as existing in the external world. This is akin to phantom limb pain and tinnitus, which are loss of touch and hearing, respectively.

Fear of being diagnosed with dementia or psychosis, those with CBS are reluctant to discuss their experiences with their doctor. As a result, doctors are not familiar with this syndrome and are unable to provide treatment to those asking for help. There is no known medical cure, but



Mary Carmel Potts McCoy.

reassurance that the patient is not losing their mind can relieve anxiety in both the patient and the caregivers during this difficult time.

Support group participation is suggested to reduce misconceptions and to provide a direction toward maintaining quality of life. Caregiver support is also needed to assist caregivers who are struggling to care for their loved ones. Cognitive Behavioral Therapy has been shown to assist the person in changing how they think and feel about the sometimes confusing images."

A CALL TO ACTION FOR THE MEDICAL COMMUNITY:

CBS is often misdiagnosed in adults as Dementia, Schizophrenia, Lewy Body Dementia, Severe Bipolar Disorder, or Psychosis. In children, it is often misdiagnosed as Schizoaffective Disorder, Autism, Dissociative Disorder, and Psychosis. People living with CBS are fearful of reporting their symptoms to family, friends, and caregivers due to the stigma of being labeled mentally ill.

Charles Bonnet Syndrome does not have a designated billing code, which is necessary for diagnosing, treating, and ultimately, finding a cure for CBS. We need an MD in good standing with the AMA to take up the charge and apply for a CPT code for CBS.



Co-founders, siblings Kevin & Eva Potts at the Exceptional Children's Health Fair 2025.

We are on a mission to educate the medical community about CBS so it can be normalized as part of the vision loss journey. Without this acknowledgment, CBS will continue to be unreported and misdiagnosed. People with CBS will continue to live in isolation, face a mental health stigma, and have a diminished quality of life. We



Co-founder Eva Potts and husband Jimmy Watkins with Sir Purr at the Monroe Tickled Pink Cancer Walk.



Dequan Starnes and Eva Potts the "You Are Enough" event in Monroe NC.

must bring Charles Bonnet Syndrome into the 21st century so that people living with CBS can do so with dignity, grace, and inclusion while preserving quality of life.

For more information, go to MaryCarmelsLight.com. If you think you may have CBS, call us at 704.389.0160. You can also find us on most social media platforms.

¹chromeextension://efaidnbmnnnibpcajpcglclefindmkaj/https://discovery.ucl.ac.uk/id/eprint/10088653/1/2515841419895909.pdf





Monica Washington, MD, FACOG

Obstetrics and Gynecology // Atrium Health Women’s Care North Charlotte OB/GYN



FUN FACTS

- She is from Pittsburgh, PA.
- She told us she can still hit a three-point basketball shot and keep up with her ten-year-old son in basketball.
- Dr. Washington graduated from medical school in 2012 and graduated from residency in 2016.
- Their family pet is a Schnoodle dog named Jettson.
- When asked for something that would surprise people to learn about her, she

told us, “I’m a medical miracle! I was in a coma from spinal meningitis for 21 days as a child. Doctors told my parents that if I ever recovered, I would be blind, deaf, and intellectually and cognitively challenged.”

How did you get your start in medicine?

I have always loved the field of medicine. As a high school student, I shadowed a radiation oncologist and then received a BS in radiologic science from UNC-Chapel Hill. In my first career, I worked as a radiation therapist. I ultimately planned to become a physician and completed a post-bac program, and then started a master’s program in health management, but I started medical school before completing it.

How did you find your way to Atrium Health?

One of my best friends from residency, Dr. Meagan Morrison, reached out to me about interviewing for her group. We always said we’d eventually work together, and our dream came to fruition! We are now partners in the practice.

What makes your practice unique in our community?

We happen to be an all-female OBGYN practice. Although we are north of the city, our office gets referrals from one of the busiest emergency departments in the area. We get to see quite a bit of everything. There is never a dull moment!



What are your goals for your patients and your practice?

I strive to provide patient-centered education and care and allow for shared decision-making for each patient and their unique needs.

How would you describe the culture in your practice?

My practice has a team-based approach, and we are collaborative. We all bring a unique skill set to the practice, but we have a great deal of respect for one another and bounce ideas off each other, and continue to learn from each other daily. We travel to CME conferences together and enjoy being around each other in the office, OR, and outside of work. We also have a strong love and appreciation for women's health. We are working hard to change the statistics one patient at a time. We are all well aware of statistics that affect our patients, such as the increased rate of black maternal morbidity and mortality. We are also affected by policies that have been changing day by day, which affect our patient population. It is imperative that we stay up to date as new policies are put into place so that we can inform and protect our patients and provide them with the most up-to-date education. We are not only patient-centered, but we are also advocates for our patients.

How would you define quality care?

Quality care is about being patient-centered. It allows for shared decision-making and patient education. It is evidence-based, safe, and respects patient values. It is accessible and delivered similarly regardless of the patient's background and experiences.

Are there some practical actions you have initiated in your doctor-patient time to help your patients have a more productive experience?

I spend time getting to know each patient and engaging with them. I make sure they understand why they have come to see me and outline the plan of care. We create a



list, and I make sure issues are covered, and if needed, we discuss what may need to be addressed at a follow-up visit. I sit down with patients, and we have a discussion together. I always make sure to speak with my patients, not at them, and give them a chance to ask questions and make sure they understand everything.

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

Oversight by health insurance companies on the determination of what coverage is or is not deemed necessary for patients, burnout due to the overload of administrative tasks, overuse of urgent care and the emergency department due to issues with access to care based on limitations insurance places on pro-

viders, and disparities and care based on race, religion, sexual orientation, etc.

What motivates you?

The little things, a simple thank you from a patient, celebrating the small wins, having a patient heal after an unexpected outcome, watching the babies grow up that I have delivered, helping women through the different stages of their lives, forming relationships with patients, when I meet a patient, and she tells me another patient or family member referred her.

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

Wondering if the counseling I provided to a patient made sense to them. I do not ever want to speak above a patient. I always want a patient to understand our conversations. I think of each patient like my own mother, aunt, sister, or friend. Each patient who walks into a room to see me has chosen me for a reason. They walk into the room vulnerable and looking for answers. It is my goal to try to provide answers and give them choices to help them find solutions

and treatment plans that will work for each of their unique circumstances. Many patients are scared and have previously been told they cannot be treated or feel they have been brushed off. They have fears or beliefs based on previous experiences and may have gotten their medical advice from Dr. Google or TikTok. I work hard to break down barriers and to provide reassurance and truth.

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

When I walk into a room for an appointment with a patient, and I see the smile on their face, or hear the sigh of relief, a quick high five, or a simple thank you. It may not be because something good has happened; in fact, it may be because we figured out what was causing the pain. But we have

found answers, and now we can make plans and decide the next steps. That is what keeps me going and keeps me engaged.

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

Date nights with my husband, eating dinner together nightly with the family, packed schedules based on the boys extracurricular activities, spending time with our village of friends, ladies dinners, participating in outside organizations in the community, traveling to see my family who means everything to me, taking me time with spa days and traveling, and lots of traveling with my family and friends!

Have you ever been close to quitting or changing careers?

I honestly have never wanted to change careers. At times, I have thought about other ways to focus my energy to serve in my



profession, but I have never wanted to leave. I love women's health and OBGYN, and there is so much work to be done. There are hard days, but on those days, I am reminded of why I chose this profession, and it gives me the motivation to keep going.

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

For OBGYN, I have seen a shift in how we practice because of insurance demands and administrative requirements from employers. We are changing the way our schedules look to live a more balanced life due to the fear of burnout.

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

I hope that there can be a balance found where technology can be used without taking away the 'hands-on' approach of practicing medicine. It should allow physicians to keep their autonomy to practice medicine as they were trained. There are many things in the medical field that AI will not be able to replace.

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

Working with amazing colleagues and staff and getting to build lifelong relationships with patients as I take care of them through different phases of their lives, from adolescence, through the childbearing years, perimenopause, menopause, and beyond.



FEATURED PHYSICIAN

What methods do you employ to keep improving your knowledge and experience?
Learning from colleagues and patients daily, reading medical journals and articles, and attending CME conferences.

Do you have a career highlight?
I will never forget the first time I delivered triplets. I love delivering babies in general. There is just something so special about handing parents their babies for the first time. It is the most special feeling, and there are so many emotions that go into that one moment.

In gynecology, I love to see my patients feel like themselves again after receiving treatment, whether it be from endometriosis, abnormal uterine bleeding, or perimenopausal symptoms... the joy they feel after the weight I lift is priceless.

If you could offer any advice to younger physicians, what would it be?
Listen to your patients. Learn from

them. Take the time to understand their concerns, fears, and setbacks. Find alternatives. Fight for them. Advocate for them. Never forget why you chose your career.

Do you have any physicians who have influenced you over the years?
When I was in medical school, I was introduced to a phenomenal OBGYN, Erica Royal, MD, at a private practice in Virginia. I returned there for my first position after residency and had the pleasure of joining that practice and working with her. She became my mentor and I have been calling her for advice for years now. She continues to give me real-world advice that is both practical and useful. Since meeting her, I have had the pleasure of surrounding myself with an amazing group of like-minded physicians who have been amazing friends and confidantes.

If you were not practicing medicine, what profession do you think you might have chosen?
Travel agent so I could travel the world and learn about different cultures.

Is there anything else you would like to share with us?
I love to give back to the community. I have been on speaking panels, presented as a keynote speaker, and have also written articles. I rarely say no unless it interferes with my family schedule!

GETTING TO KNOW THE DOC...

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

Your first job.
Working in retail at Contempo Casuals!

Tell us about your family.
I come from a blended family, and we are all very close. I grew up in Pittsburgh, PA. Family means the world to me. My father and stepfather walked me down the aisle. My husband and I just celebrated our

20th anniversary. We met at UNC-Chapel Hill in undergrad, and we have two fantastic sons. Liam is ten, and Landon is eight years old.

Indoors or outdoors person?
Outdoors as long as the weather is agreeable and a beach is involved. I do not like the rain.

The last thing you researched on the internet.
A recipe for Sunday dinner and summer vacation plans.

Your guilty pleasure.
Online shopping late at night.

Favorite snack.
Oreos.

The last book you enjoyed.
Seven Days in June by Tia Williams. She is a friend and a great author.

A movie you could watch on an endless loop.
Love Jones.

A fun adventure you have been on.
Exploring Italy with my family.

The best advice you have ever received.
Failure is not the opposite of success. It is the stepping stone to success. Success is not final. Failure is not fatal.

Something in life you are happy you did.
Never giving up on myself, even when it felt like others did not believe in me. Had children. They are my entire world. I always knew I wanted to have children, but I had no idea motherhood would be such a crazy and wild ride. I love it!

Something you’re excited about in the next 12 months.
Celebrating a milestone birthday for my mother. She has always been my biggest supporter, and she is my role model.

Interests/hobbies outside of work.
Travel to new places and learning new cultures, spending time with family and friends, exercising, and going to sporting events with my husband and two sons. You can find us at major sporting events all year round. The Charlotte FC, Charlotte Hornets, UNC Tarheel Basketball, and the Indianapolis Colts (my nephew plays for them) are some of our favorites.



FEATURED PHYSICIAN

Any hobbies you would like to try if you had more time?
Jewelry making.

A habit you would like to change.
It's hard for me to say no.

A place on your bucket list.
South Africa.

Favorite sports teams?
Carolina Tarheels.

If you could spend a day in someone else's shoes, who would it be and why?
I would want to spend a day in my grandmother's (Nana's) shoes at the age I am now. I remember spending time with her as a child at what I imagine would have been around my current age. I'd like to understand the sacrifices she made and have her see a glimpse into the future generations that she created. It would ground me in gratitude and remind me of the legacy I'm continuing.

Anything your parents taught you that sticks with you today?
To whom much is given, much is required.

Personal accomplishment you are most proud of.
Match Day and getting my medical degree.

Charities you are involved with or support.
Atrium Health Women's Advancement Fund, Jack and Jill Foundation, UNCF, and the Cannon Fund.



Call it TAMBE: Novant Health offers FDA-approved, minimally invasive treatment for complex aortic aneurysms.

Advantages include faster recovery time and less risk of complications.

There's new hope for patients with complex aneurysms, thanks to a revolutionary new treatment offered by Novant Health. The system's surgeons are now able to offer those patients treatment with the first FDA-approved endovascular device to treat complex aortic aneurysms involving the visceral aorta.

Complex aneurysms can strike branches of the aorta in the thoracic space or the abdomen. These vital branches provide blood to the intestines, liver, spleen and kidneys. Like other aneurysms, complex aortic aneurysms form over time and without warning. Most patients remain asymptomatic until the aneurysm ruptures, at which

point they may experience severe pain during this life-threatening emergency.

Complex aortic aneurysms are among the most challenging to treat. Patients with ruptured complex aortic aneurysms may not be able to get to the hospital in time for surgical management. Furthermore, many patients may be unable to tolerate open surgery for treatment due to their age or medical history.

At Novant Health, there is a new alternative: the thoracoabdominal branch endoprosthesis (TAMBE) procedure now available in Charlotte and soon to be offered in Winston-Salem.



"TAMBE is a significant step forward for patients with thoracoabdominal aortic aneurysms because it's minimally invasive and there's less risk of complications when compared with open surgery."

— Ashish Jain, MD

Vascular surgeon, Novant Health Heart & Vascular Institute

"TAMBE is a significant step forward for patients with thoracoabdominal aortic aneurysms because it's minimally invasive and there's less risk of complications when compared with open surgery. Patients also recover faster than they do with open surgery," says Ashish Jain, MD, vascular surgeon with Novant Health Heart & Vascular Institute in Charlotte and one of the first physicians nationwide to adopt TAMBE. "We anticipate that patients from other parts of the state may want to travel for TAMBE as it's less taxing on the body and is an easier experience all-around than open surgery."

Shorter in-hospital monitoring, faster recovery

To treat the condition, the vascular surgeon begins by pinpointing the aneurysm's position through computed tomography angiography imaging (CTA). In some cases, however, aneurysms are discovered during a CT scan or MRI performed for another reason.

Using small incisions in the groin, the surgeon uses imaging to guide and place the stent graft. Once deployed, the graft lines the aorta and seals the aneurysm, eliminating risk posed by the aneurysm. The stent graft features branches which the surgeon connects into the arteries, supplying the abdominal organs through a separate small incision in the arm. Ultimately, the

graft and stent resemble a thin tree trunk with downward-facing limbs.

Patients are typically 65 or older with a history of tobacco use, hypertension or a first-degree relative who experienced an aortic aneurysm. A patient with a parent or sibling who developed an abdominal aortic aneurysm is 12 times more likely to develop one, too.

"Open surgery has a much longer process of in-hospital monitoring and home recovery," explains Rebecca Kelso, MD, a vascular surgeon with Novant Health Heart & Vascular Institute in Charlotte. "It requires a cut on the abdomen, often extending to the lower rib cage to completely replace the aorta and additional branches." Recovery can take several weeks. With TAMBE, most patients leave the hospital within 24 to 48 hours and recovery time at home is typically one to two weeks.

Study results one year later

A study of 102 patients in the *Journal of Vascular Surgery* found that there were no deaths from TAMBE in the year following insertion. About 94% of patients were still alive after one year, and none of the deaths were due to the aneurysm. Fifteen patients in the study needed follow-up procedures during the one-year period, but the procedures were mostly minor, targeting complications such as stenosis.

TAMBE is an "off-the-shelf" remedy that employs modular components that come in several sizes and can be customized to suit a patient's anatomy. Jain is among the physicians experienced in customizing TAMBE.

The treatment is available immediately for emergency situations when an aortic aneurysm is discovered, which is a significant advantage for speed of response. For patients who aren't a candidate for TAMBE, alternatives include custom devices or other physician-modified devices.

More endovascular treatment options will be developed in the future for complex aortic aneurysms, Kelso said. "Currently, endovascular solutions are commercially available from the mid-aortic arch into the pelvis," she said. "Studies continue to work on developing more feasible solutions for the ascending aorta," which starts at the heart and rises upward.

Risks of the TAMBE procedure are similar to those involving open surgery on the aorta, although the risks tend to be higher in open surgery. To learn more or to refer a patient, contact **704-316-4993**.



The Legal Lowdown



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Dear Heather:

I read that NC is changing its Certificate of Need laws. Does that mean more hospitals or surgery centers will open near me? How will this affect patient care?

--Curious Supporter of NC healthcare access

Answer:

Dear Curious,

Yes, that is correct. As of January 1, 2026, Senate Bill 370 and House Bill 455 eliminated North Carolina’s Certificate of Need (CON) requirements for most health facilities and services, including hospitals, surgical centers, and major equipment purchases. Some rollbacks have already begun—psychiatric and substance-use treatment facilities no longer need CON approval, and the spending threshold for diagnostic equipment has doubled. Additional exemptions for ambulatory surgical centers and MRI units in counties with populations over 125,000 will take effect by early 2026.

Background

For decades, CON programs required state approval before new hospitals, ambula-

tory surgical facilities, or major medical equipment could be added. Approval was based on “need determinations” published in the State Medical Facilities Plan, which relied heavily on population-based formulas and utilization projections. Under this system, expansion was generally allowed only where data showed sufficient demand—often favoring high-growth counties. As a result, many rural and slower-growing areas faced barriers to attracting new clinics or specialty services, contributing to gaps in access.

As of January 1, 2026, most CON requirements have been eliminated under recent reforms. Population-based need formulas will no longer dictate where facilities can open. Hospitals, outpatient surgery centers, and diagnostic providers will be able to establish services based on community needs rather than state projections. This change is expected to accelerate growth in urban counties while creating new opportunities for rural areas to expand care. Ultimately, removing these restrictions aims to improve statewide access, making it easier for providers to respond locally and for patients to receive care closer to home.

Will More Facilities Open Near You?

Urban areas are expected to see the most immediate impact. Ambulatory Surgical Facilities (ASFs) in counties with populations over 125,000, based on the 2020 census, will no longer need a CON. Likewise, MRI scanners in these urban counties will be exempt from CON review. Starting three years after the first Healthcare Access and Stabilization Program (HASP) payment—purchasing an MRI will no longer count as a “new institutional health service” or “major medical equipment,” regardless of cost. Additionally, qualified urban ASFs must comply with the charity care requirement outlined in N.C. Gen. Stat. § 131E-147.5, which mandates that at least 4% of total earned revenue come from self-pay and Medicaid patients. The 2026 State Medical Facilities Plan anticipates substantial growth, with hundreds of new acute-care beds planned for counties like Mecklenburg, Wake, New Hanover, and the Asheville region. Outpatient surgery centers and imaging facilities will also be able to launch without the lengthy CON approval process.

For rural communities, the repeal of CON laws could be transformative. Historically, CON regulations have limited rural healthcare

expansion, resulting in fewer hospitals and more medical deserts. With the new reforms, rural clinics, surgical centers, and diagnostic services may finally gain ground, helping to fill gaps in healthcare access across North Carolina’s underserved counties.

How Will This Affect Patient Care?

The potential benefits for patients are significant. Greater access and convenience are expected, as more competition encourages the opening of new outpatient centers and imaging services, reducing travel and wait times. Removing CON restrictions has been linked to lower healthcare spending and reduced patient bills in multi-state studies. Analysts also anticipate increased investment in specialty care, with up to \$1.2 billion in capital and around 1,000 new inpatient rehabilitation beds projected over the next decade.

However, there are risks to consider. Rapid development in urban centers may lead to an oversupply of facilities, potentially

siphoning profitable patients away from hospitals that rely on cross-subsidies for essential but less lucrative services. Quality and oversight concerns remain, as planning hurdles disappear, but quality standards and insurance billing rules will require stronger enforcement to protect patients.

Final Takeaway

You are correct that repealing CON laws will likely lead to more hospitals, surgery centers, and diagnostic services, especially in urban zones. Importantly, it also opens the door for rural expansions that have long been held back by regulation. This could mean faster, closer, and possibly cheaper care for North Carolinians. The real test in 2026 and beyond will be whether this surge—particularly in rural regions—is managed responsibly, with safeguards to maintain quality and protect access for all.

The information provided in this column does not and is not intended to constitute legal advice. Th is area of law is still developing. This article addresses applicable current laws as of December 1, 2025.



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Mark Stephen Reynolds, MD

Ballantyne Pediatrics // Novant Health



Tell me about your childhood.

I grew up in small towns around the beauty of nature, from the Ohio River Valley to the Blue Ridge Mountains of Virginia. My childhood years were spent exploring the outdoors with friends, playing in neighborhood whiffle ball games, and discovering all of nature's hidden treasures. As a pediatrician now, I see how important it is for kids to have carefree times to engage with nature, to become curious about the world, and to experience the joys of the simple things with friends.

As I grew older, I saw how life is simple on one level, yet intricately complex when you consider the science and wonder of how the human body is created and how smoothly it functions even amidst challenges.

I have always been driven to lead and to stand against wrongdoings. I remember forming a neighborhood posse of kids, complete with a clubhouse and membership rules. The boys started a debate about “no girls allowed” for full membership. Deep within me, I knew the girls had contributed just as much, and my club was not going to be about arrogant power grabs. A strong

leader cares for the whole team, even if that opinion is unpopular with some in the group. I made it very clear that those boys could leave the club if they did not agree with a foundation of mutual respect.

My strong values came from my parents and paternal grandparents, who lived near us and took us to church. What we lacked financially in a poor community, we made up for with integrity, faith, and love. Neighbors would look out for each other, and my family was always helping those in need in our community.

How did you get your start in medicine?

Tragedy at the young age of seven shattered my world. At the same time, it instilled me with a purpose that would propel me into my career. As the youngest of three children,

I idolized my older sister. She loved and cared for me like a second mother. Within a short six months, I watched her go from an energetic girl on the school cheerleading team to a child suffering through the harsh medical realities of a rare cancer (rhabdomyosarcoma). She was the light of my life who left this world at the grievous age of 11. Our family was shattered. My joyful childhood was abruptly cut short with a new awareness that life is fragile and death is a painful reality that none of us can escape.

Then came a second event that further drilled this in. The very next year, I developed a life-threatening infection (epiglottitis) and came very close to death myself. The wounds in my family over the death of my sister Jerri were still very raw. Thankfully, I survived. I am also grateful that we now have a vaccine to prevent this particular infection. The brokenness and despair that my family experienced during that year eventually turned to healing, hope, and a renewed spirit of generosity and grace.

Through these dark experiences, I was given a strong sense of purpose. From calamity emerged the clarity that I was called to be a pediatrician. My life's goal became focused on helping children and their families through difficult health needs, encompassing physical, emotional, and nutritional healing. This internal drive developed into strength, endurance, and a higher calling that enabled me to get through the rigor and obstacles that are part of becoming a doctor. The challenges to working in healthcare can be exponential, even more so as society has changed. It was always my deep sense of purpose that carried me to this point in my career, and it is the reason I go to work every day.

How did you find your way to Novant Health?

I proudly served my country in the United States Air Force for 11 years. When it came time to transition to civilian life, I contacted an amazing friend from medical school, Dr. Amy Ryan, who was working at Novant Health Eastover Pediatrics. Providentially, Novant was in the early stages of starting Ballantyne Pediatrics, and they were looking for pediatricians to build the practice from the ground up. At that time, Ballan-





tyne was mostly undeveloped fields, and some would say it was a risky venture.

However, I quickly viewed it as an important opportunity. I was one of the co-founding physicians, and I can say that many things led to our success. Our initial physicians (and those joining in later years) have been forward-thinking leaders, prioritizing excellent patient care with a remarkable patient experience. Our success can also be attributed to the dedication of our clinic administrators and staff, along with the strong support provided by Novant Health. Our approach has been innovative thinking with both clinical and business decisions.



During our first decade, we experienced exponential growth and became the fastest-growing pediatric practice in Charlotte. We developed the first extended hours pediatric care in South Charlotte, offering 12 hours of direct patient care daily. We were the first pediatric practice in our area that fully embraced social media as a connection to our patients, staff, and community, reaching up to 20K views for our top posts. We have received numerous parent-driven community awards, including Gold Awards given by the Charlotte Observer's Best of the Best in Pediatric Care and Charlotte Parents Best Pediatric Practice and Best Pediatric Doctor(s), numerous times.



We consistently receive the top-tier Certificate of Excellence in patient experience. Several members of our clinical and office staff team have received corporate-wide awards of excellence. This year, I was nominated



for The Distinguished Physician Award – a designation honoring exceptional medical practice, consistently exhibiting the highest standard of excellence in medical care and values, while improving the health of the community one person at a time.

Tell me about the culture in your practice. Our philosophy is that the best, compassionate care is only accomplished when the healthcare team is thriving, and all members are being treated well. We celebrate our team members both professionally and personally. Weddings, new babies, birthdays, and other life milestones are recognized along with acknowledgment of professional excellence. At the same time, we support each other through personal trials, such as going through a cancer diagnosis or dealing with the death of a family member.

What is your definition of quality care? Authentic quality is providing customized care to each patient and family by understanding and respecting the context and culture of their past experiences, emotions, and beliefs, and also gaining insights into any barriers to implementing the treatment plan. This can only be done by establishing trust, consistency of care, clear communication, and the artful practice of medicine.

What motivates you? As a pediatrician, it is an honor to make a positive difference in the life of a child.

What concerns, if any, keep you up at night? The collapse of the family structure and the move away from common-sense

parenting. Newer trends in parenting and society in general are leaving our kids confused and vulnerable.

How do you try to maintain a balanced life outside of work? I strive to keep work stress at work. As a physician, we are indoctrinated to think analytically and to quickly develop an accurate solution to a potentially serious problem. Doing this 30 times per day through patient care can be difficult to turn off when I get home. My family keeps me in balance. They need a devoted husband and dad, not a doctor.

Have you ever been close to quitting or changing careers? I have always strived to live life for the long game that it is. I strive to improve, learn, explore, and always be the best for my own family and for my patients. This includes all aspects of life, professionally, personally, and spiritually. I'm always looking for new opportunities and avenues to utilize my experience, skills, and passions to ignite generational change.

What are some of the most rewarding aspects of your profession? Sharing in the lives of our families from birth into early adulthood and taking care of the children of our former patients – we call these precious babies our grand-patients.

What methods do you employ to keep improving your knowledge and experience? As a lifelong learner, I'm actively working on certification in Functional Holistic Medicine. I surround myself with colleagues who share my goals of excellence. AI applications are excellent, such as ChatGPT and Open Evidence.

If you could offer any advice to younger physicians, what would it be? It is a high privilege to be so closely involved in the lives of your patients and their families. Every single patient deserves your humble attention and consideration of their needs. NEVER FORGET the oath we all took to DO NO HARM. Unfortunately, I see that this has not been followed by some in recent years. This creates harm that becomes pervasive throughout institutions of healthcare.

Fight the trend towards the contagion of complacency, arrogance, and doctor dogma. An authentically excellent physician requires that you be flexible in how you care for your patients. Realize you have inherited a system created and corrupted by political

and monetizing interests. Government, corporate, and national professional doctor organizations selectively fund, interpret, and promote the studies and treatments that are eventually recommended. Practice medicine with a discerning, flexible, and questioning mind. Finally, this must all be done with a humble and compassionate heart.

Has there been anyone who has influenced you or mentored you along the way? Drs. Ladd and Jaeckel, my physician partners for over 20 years, are the professional iron sharpeners in my life. They have given me strong advice, support, and motivation.

If you were not practicing medicine, what other profession do you think you might have chosen? I have always had an interest in politics. I still think I could use my decades of clinical experience to guide political decisions, advocating for a patient-centered healthcare system.

Are there any charities you are involved with or support? The Independence Fund and the Mighty Oaks Foundation are doing awesome work for veterans and their caregivers. I support these along with our church, and also the international ministry for which my wife serves as a board member, By Grace Alone Ministries.



Is there anything else you would like to share that I missed? My amazing wife, Sarah, and I celebrated our 30th wedding anniversary this year. Our partnership seemed providential, as our childhoods had remarkable similarities. Sarah also had a life-threatening illness at the age of seven. Reyes Syndrome was just being discovered in the 1970s, and the fatality rate was close to 100%.

Miraculously, she survived. Being in a coma left her with ongoing medical challenges, which she has endured with impressive grit and steadfast faith. As a physician herself, she has the unique perspective of being on both sides of the stethoscope. She is also a survivor of advanced-stage cancer.

Sarah uses her experiences to advocate for others and serves as a leader in both medical and spiritual roles in the community. She is pursuing a seminary degree in Global Leadership, and is on a leadership team for a Women's Bible Study, and also a contributing writer for the curriculum each year. She proudly serves on the board of a local nonprofit, By Grace Alone Ministries, which has an established presence in the Dominican Republic. She is giving, hard-working, and loves others well. Sarah inspires me to be a better person on a daily basis.

CT vs. MRI:

Choosing the Right Imaging Modality for Your Patients



Christopher Norbet, MD
Charlotte Radiology



Computed tomography (CT) and magnetic resonance imaging (MRI) are the two major cross-sectional imaging modalities used to diagnose and monitor a variety of medical conditions in all medical settings (Emergency Department, Inpatient, and Outpatient). One of the most common questions radiologists receive is “Which examination, CT or MRI, is the best for my patients and their specific medical condition/indication?”

Advantages and Limitations of CT

CT is considered the workhorse of radiology cross-sectional imaging, as it offers some significant advantages over MRI. It can be performed very quickly, sometimes less than one minute, versus 30–45 minutes for most MRIs. Given this, CT is better tolerated by patients, particularly those in significant pain or with an inability to remain still for long periods at a time. In addition, certain patients, such as those with specific medical devices or metallic foreign bodies, may not be able to undergo MRI, making CT the preferred option.

CT is also a relatively less expensive examination for patients and the medical system. The main drawback of CT is radiation exposure, although advanced software combined with patient care practices helps to minimize this exposure, and the imaging benefits far outweigh this negative in almost all circumstances.

Use of CT and MRI in the Emergency Department

In the emergency department, CT is usually the first-line examination when cross-sectional imaging is being considered for typical patient presentations, such as chest pain or abdominal pain. A notable exception would be pregnant patients with abdominal pain, where CT is avoided to limit radiation exposure to the developing fetus. Another case where MRI could be used in the ER is an MRCP (Magnetic Resonance Cholangiopancreatography) to evaluate the biliary tree in suspected choledocholithiasis, as some stones, particularly non-calcified ones, will show up better than they would on CT.

Contrast Considerations in CT Examinations

For the CT examinations, another question radiologists get is whether to use IV and/or oral contrast material. For most cases, IV contrast material is preferred as it better delineates lesions and disease processes. Contraindications would be for patients with an iodinated contrast allergy or severe renal insufficiency. If there is high clinical concern for a renal stone, this would be a case to order a non-contrast CT of the abdomen/pelvis. For nearly all other cases, IV contrast should be used.

Oral contrast is a different story. For most cases, water can be used as an oral contrast agent just prior to the CT scan, as it sufficiently distends the bowel for nearly all clinical indications. A specific oral contrast agent is typically used during CT Enterography exams to evaluate bowel disease, such as Crohn’s disease, or in cases where there is high clinical suspicion for bowel malignancy.

Comparing CT and MRI Resolution

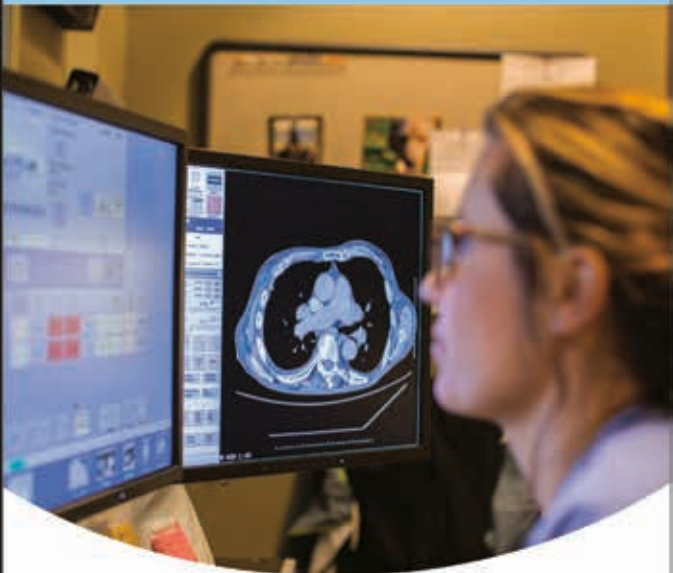
In general, CT has better spatial resolution, while MRI has better contrast resolution. Another way to think about it is that CT is often used for the initial detection of abnormalities, and then MRI is used as a problem-solving tool to help better evaluate the abnormalities or lesions that are encountered. For example, a patient could come into the ER with upper abdominal pain. They underwent a CT for the initial examination and were found to have an indeterminate liver lesion. MRI would then be used to further characterize this liver lesion as benign or malignant and make a specific diagnosis. The same approach applies to lesions discovered in the pancreas, spleen, kidneys, or adrenal glands.

CT and MRI in Cancer Imaging

For a known diagnosis of cancer, CT is typically used as the imaging modality for follow-up and to track various lesions. This is particularly the case for lung cancer, as MRI of the chest is not very useful for lung lesions. However, there are certain types of cancer, such as prostate, rectal, and cervical cancer, where MRI is more frequently used.

Conclusion

This overview outlines key considerations in determining when to order CT vs. MRI and the various ways in which both modalities are used. Both scans are highly important tools for diagnosing and monitoring disease. Radiologists remain an invaluable resource and partner in care and are always happy to discuss imaging strategies for specific patients and cases. In addition, Charlotte Radiology offers an online ordering guide for referring physicians at www.charlotteradiology.com/ordering-guide/ where you can verify the type of imaging exam to order for the medical reason or area of concern. The tool will provide the recommended exam, contrast guidance, contraindications, and CPT codes.



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J. Wesley Thompson, PA-C, MHS, AAHIVS, DFAAPA

Former HIV Medical Director
of Amity Medical Group



North Carolina Department of Health and Human Services, Communicable Disease Branch, Department of Public Health

Where did you grow up?

I grew up in rural Rowan County in the towns of China Grove, Rockwell, and Granite Quarry.

How did you become interested in medicine?

I was fascinated at the age of five when my pediatrician allowed me to play with his stethoscope, otoscope, and ophthalmoscope. I was hooked immediately and asked Santa Claus for a “doctor’s bag.”

How did you decide to become a PA?

I had not heard of a PA or an NP yet, and I took the MCATs while still at Wake Forest and applied to both Duke and UNCC-CH. I relocated to a place halfway between them and was waitlisted for both. I met my neighbor a few days later, who was an OB/GYN PA! I marched down to the Duke PA Program that same day and was told they were interested in me joining the fall class starting in a few months, but they made me promise I would not back out if either school had a sudden opening. I promised. I was elated, scared, and wondering how I was ever going to pay for schooling. I worked through undergraduate studies at Wake Forest University, and my parents were of modest means, so I worked full-time while I attended Wake Forest. I asked around what restaurants used sommeliers, and got a job at “Bakatsias” as their head waiter and sommelier. It was tough, but not nearly as tough as Duke was about to show me! I drew blood from 4 AM until class time at 8 AM, stocked the chemistry labs during the lunch hour or the night before if it clashed with my classes for the day’s students, then left for Bakatsias at 5:30 PM and worked until 11:00 pm. There was little time to get into trouble.

Tell me about Amity Medical Group and how long you were there.

In June 2015, I met with visionary pharmacist Amina Abubakar, owner of Rx Pharmacy, which is now Avant Health and Wellness Pharmacy. Over lunch and about an hour into our meeting, she looked at me and said, “Wesley, if you could have anything you wanted right now, what would it be?” I exploded with excitement and told her I wanted a “one stop” shop with everything from medical providers, to an on-site pharmacy, on-site phlebotomy, on-site radiology, on-site peer navigators, on-site social workers, grant staff; you get the idea. Transportation, along with safe housing, are two key pieces our patients need. Amina closed her notebook and said, “We need to have a different conversation.” Her eyes sparkled with excitement, and the rest is history.

What were your main duties as the HIV Medical Director?

Ensuring patients’ needs were always met, including housing security, which we partner with several associations in Charlotte and surrounding counties, food security, clothing security, transportation security, mental health and substance use assistance, and, of course, making sure top-level care was provided to all. We had regular meetings to update everyone on the latest advances and what was coming. We partnered with several other clinics, and together we proposed to the county for funding for the uninsured in Mecklenburg

County. In 2017, Mecklenburg County Health Department initially funded six clinics, and we provided healthcare to the uninsured. Our community partners assisted with transportation, housing, food, etc., and our clinics provided labs, treated as STIs as needed, and through the generosity of our pharmaceutical colleagues, provided free medicine. To date, no one who has remained in the program has contracted HIV. Read more about U=U to understand more.

What excited you about being part of this practice?

We were a start-up, and the sky was the limit. We could do what we wanted and reach those who felt they were invisible and ignored by society. It was an honor to serve these people, and while I am now retired from clinic practice, I know Amity Medical Group continues. We brought a new idea to “wholistic” care, and I mean whole just as I have spelled it. I will continue my work now on the state level, bringing my vision to all I can throughout the state of North Carolina and anyone else who will listen!

What do you find most rewarding about what you did?

The one-on-one time in the exam room when I could place my laptop down, give a hug even to the burliest man or the forgotten sex worker, and look them in the eye, and they knew they were loved.

Tell me about your role as the PrEP Medical Consultant with the NC Department of Health and Human Services, Communicable Disease Branch.

With the help of my colleagues in Raleigh, I am teaching one-by-one in each health department and supporting agencies of my vision of “wholistic” care. All are worthy of love and care.




PASSIONATE PA

If you were not in healthcare, what other profession do you think you might have chosen?
I would be a spiritual leader, either a priest, pastor, or something similar. I have deep-seated spiritual beliefs, and all my patients know it, feel it, and expect my hug when we say goodbye.

How do you like to spend your free time?
I love to travel. This world is a vast, endless playground given to us to cherish and be good stewards of.






Carolina Oncology Specialists

Your Quarterback for Cancer Care

OSC has joined forces with Carolina Oncology Specialists in a dynamic new partnership that brings together two organizations deeply committed to exceptional, patient-centered care. This collaboration is all about the care we provide our patients. With this collaboration, our new name will be Carolina Oncology Specialists.

We're truly excited about this next chapter and what it means for our patients and community. We appreciate the opportunity to care for your patients.


Providers




Justin Favaro, MD, PhD





Nasfat Shehadeh, MD



Kaitlyn O'Keefe, DO



Padmaja Veeramreddy, MD



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Pineville
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Carolina Oncology Specialists

— Formerly *Oncology Specialists of Charlotte*

Expanding Oncology Care Across The Carolinas



COS was a recipient of Subaru's national fundraiser/awareness campaign with the non-profit Blood Cancer United (formerly Leukemia & Lymphoma Society). Dr. Justin Favaro is pictured center along with staff, patients and the Subaru South Charlotte managers and staff.

Oncology Specialists of Charlotte (OSC) is excited to share that we have joined forces with Carolina Oncology Specialists (COS) of Hickory, NC. This dynamic partnership brings together two organizations deeply committed to exceptional, patient-centered care. This collaboration is all about the care we provide for patients. Effective immediately, the former OSC practice now operates under the Carolina Oncology Specialists' name. Both groups are proud partners of OneOncology, a leading national oncology network. Driven by a shared vision, OSC + COS, leading cancer care provider groups are dedicated to the delivery of exceptional, comprehensive care. By uniting our expertise and resources, we are better positioned than ever

to bring innovative treatments, expanded services and resources, and an even deeper level of compassionate, patient-focused care in our communities. We are all dedicated to this brand of oncological healthcare for the Carolinas.

Board Certified Medical Oncologists and Clinical Support Team

Oncology care with Carolina Oncology Specialists in the **greater Charlotte** area consists of a team of five oncologists and five nurse practitioners.

- Justin Favaro, MD, PhD
- Nasfat Shehadeh, MD
- Kaitlyn O'Keefe, DO
- Padmaja Veeramreddy, MD

More recently with the Charlotte group, they have expanded

care in the communities of York and Lancaster counties with an office in Fort Mill to meet the rising demand for community-based cancer care. Patients can get care close to home.

Oncology care in the **greater Hickory** area consists of a team of six oncologists and 16 APPs.

A Unified Team Bringing State-of-the-Art Care

Together, all Carolina Oncology Specialists' locations now include:

- **10 medical oncologists**
- **21 advanced practice providers (APPs)**
- **Four office locations,**

plus hospital-based care at Novant Health, Atrium Health, Piedmont Medical Center Fort Mill, Catawba Memorial, and

Frye Regional. Patients benefit from convenient access to in-clinic chemotherapy, immunotherapy, injections and infusions, on-site laboratory testing, bone marrow biopsies, an in-house dispensing pharmacy, and national clinical trials.

Over the last two decades, cancer treatment has advanced dramatically—with targeted therapies offering better outcomes and fewer side effects. COS provides access to the latest FDA-approved treatments and collaborates closely with surgical oncology, radiation oncology, and transplant specialists. Our clinical research partnerships include leading institutions such as Duke, UNC Health, Wake Forest, and MD Anderson.

Advanced Imaging and Supportive Services

The Randolph Road office in Charlotte offers on-site CT scanning for COS patients and accepts referrals from outside physicians. This location also provides low-dose CT lung cancer screening, along with a structured follow-up program.

Both the Randolph Road and Pineville offices offer the **DigniCap Scalp Cooling System**, an advanced therapy designed to reduce chemotherapy-related hair loss.

Our oncologists, nurses, and team members actively engage with the community by providing education, awareness, and support at various cancer-related events. Throughout the year, our physicians also share updates in presentations on the latest treatment advances, offering hope and insight into the future of cancer care.

Expertise and Access

All COS medical oncologists are board-certified and treat the full spectrum of solid tumors, blood cancers, and blood disorders, each with disease-specific clinical interests. We maintain a **48-hour guarantee** for patients with a new cancer diagnosis.

The Value of Independent Oncology Care

Carolina Oncology Specialists is the **largest independent oncology group in North Carolina**, delivering high-quality, value-based cancer care close to home. As an independent practice, our services are **not tied to hospital facility fees**, reducing overall costs and out-of-pocket expenses for patients—while maintaining (and often exceeding) the quality of hospital-based oncology care.

Our independence allows oncologists to customize treatment plans and consult with

the most qualified specialists across multiple health systems. We are not restricted to staying within a specific hospital network, which benefits patients by having a broader scope of top-notch specialists across the region in any system.

Why Choose Carolina Oncology Specialists for Your Patients

- **48-hour appointments** for new cancer diagnoses
- **In-clinic treatments** —sometimes available same day
- **No hospital facility fees**
- **Direct, ongoing clinical communications** with our attending oncologist
- **Extensive network** of support and specialty care
- **In-network with all major insurers**
- **Comprehensive, personalized care** for patients and their families

What this means for You and Your Patients

- **Your patient's care team remains the same.** They will continue to see the providers you know and trust.
- **Your patients' experience will be enhanced.** Through this collaboration, we'll have access to expanded resources, innovative treatments, and additional support services to care for our patients.
- **Our commitment to you is stronger than ever.** We've joined forces to ensure our patients/your patients receive the very best care, while remaining an independent, physician-owned practice.

Carolina Oncology Specialists — Providing Care Close to Home

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Anaya, COS dispensing technician, with Dr. Kaitlyn O'Keefe and Dr. Nasfat Shehadeh.



"Light The Night" with Dr. Favaro, staff and a supporter.

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Referrals Fax: 704-342-9542.

Mandy Occhipinti, PharmD, CPP

DIRECTOR OF QUALITY ASSURANCE AND IMPROVEMENT // AMITY MEDICAL GROUP



Mandy is part of a pharmacy fraternity-Kappa Psi. They collect books for Reach Out & Read and this was a collection last year in their Harris Blvd office in honor of the new school year.

What or who inspired you to become a pharmacist?
I grew up in a small farm town in Southwest Georgia. The town had one pharmacy when I was growing up, and I knew I wanted to help my community in the same way. I don't have your typical journey to becoming a pharmacist. My first career was working in the fashion industry in NYC. I worked for almost five years for Ralph Lauren, doing fabric research and development, before going back to school to become a pharmacist.

How long have you been a pharmacist?
I started practicing in 2016.

Tell me about your pharmacy career thus far.
I completed a Community Pharmacy residency with UNC-Chapel Hill in 2016-2017 at Rx Clinic Pharmacy, which is now known as Avant Pharmacy & Wellness. After residency, I was hired full-time with Amity Medical Group and have been there ever since.

How long have you been with Amity?
I have been with them for eight years since I finished my residency.

What are some of your primary responsibilities now?
I see patients three days per week, and the other two days I work on quality initiatives, whether it be looking at new platforms, thinking through workflows for the clinics, or reviewing data for quality-based programs that we participate in.

What are some of the challenges of your job?
I think one of the biggest challenges of my job is keeping patients and providers engaged. I think we can all agree that COVID really did a number on everyone. People's perspectives have changed on how they do things and what matters, so engagement has been a challenge. Burnout is real and present for providers as well. You want to give providers the wins but also make sure they understand the losses as well.

What do you feel is your greatest skill as a pharmacist?
Developing relationships with patients. I have been in my position for nine years, and your patients become family at a certain point. You remember trips that were planned and the varying family dynamics to grandchildren being born.

What do you enjoy most about your job?
I enjoy helping problem-solve in the office. Every day presents a new challenge and something different, so I enjoy stepping in when needed to help.

What do you find most rewarding about your job?
Helping build a practice that means something to our community. We continue to build services and provide resources to the community, and that is most rewarding to me. The US healthcare system is quite complex, so being able to direct and support our patients is the absolute best.

What do you want providers to know about what you do and the best way to work together?

We can be a great interdisciplinary team working together for the greater good of the patient.

In your opinion, what are the biggest obstacles pharmacists and your patients face in the current medical landscape?

Costs are the biggest issue for patients that I see. "I can't get this medication because I can't afford the copay" is what I hear a lot.

If you were not a pharmacist, what profession do you think you might have chosen?

I always toy with the idea of being an event planner on the side. I helped plan my younger brother's wedding in April of last year, and it was a lot of fun. It gave me a different challenge. Not to mention, I was planning from NC, and the wedding was in GA.

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

Use internships to really vet different positions within pharmacy to make sure you set yourself up for success. I worked at Rite Aid before going into pharmacy school and knew I didn't want to work in retail once I graduated.

How do you like to spend your free time?
I enjoy spending time with my husband, Nick, and our two dogs-Fitz and Lizzie.

What is your guilty pleasure?
I put Lego sets together. I have some of the sets displayed in our Harris Boulevard office.



Randie Schacter, DO, DFAACAP

Honoring a Legacy and Leading Forward in Child and Adolescent Psychiatry



Randie Schacter, DO.

Dr. Randie Schacter steps into the role of President of the North Carolina Council of Child and Adolescent Psychiatry (NCCCAP) with profound commitment and gratitude. Honored to join a legacy shaped by extraordinary leaders, Dr. Schacter recognizes both the privilege and the responsibility of serving an organization devoted to advancing the mental health and well-being of children and adolescents across North Carolina. This presidency is not only a professional milestone but a reflection of her dedication to clinical excellence, advocacy, and education in child and adolescent psychiatry.

NCCCAP serves as the professional home for the child and adolescent psychiatrists in North Carolina and as a regional council of the American Academy of Child and Adolescent Psychiatry (AACAP), promotes high standards of care, fosters professional growth, and advocates for policies that benefit young people and their families. Dr. Schacter's journey with NCCCAP has included being the Assembly delegate, co-editor of the council newsletter, and President-Elect – each experience deepening her appreciation for the members and the organization's mission.

Dr. Schacter's leadership extends beyond NCCCAP and began early in her career. Currently, she serves on the AACAP Art Committee, is past President of the Charlotte Area Psychiatric Society, the NBOME liaison during medical school, and Student Council Secretary for all osteopathic medical schools. These positions reflect her longstanding commitment to collaboration, education, and advocacy, supporting colleagues and advancing the field at every stage.

As President, Dr. Schacter is focused on strengthening statewide advocacy for child and adolescent mental health and expanding access to care, particularly in underserved

communities and rural areas, through initiatives like NC Psychiatry Access Line (NC_PAL). She is committed to physician well-being and professional development, advancing creative, evidence-informed approaches to stress management through Mindfulness Based Arts and Stress Reduction (MBASR), which she has seen transform lives both in clinical practice and through MBASR retreats. A central focus of Dr. Schacter's Presidency is fostering meaningful connections within NCCCAP, across professional organizations, and throughout the broader community. She is grateful for the strong bonds fostered by her legacy with the North Carolina Psychiatric Association (NCPA). She is dedicated to building partnerships that amplify the voices of child and adolescent psychiatrists, promote physician wellness, and strengthen support networks for both practitioners and families.

Outside of her professional life, Dr. Schacter finds balance and inspiration in yoga, meditation, pottery, and nature. She enjoys cooking farm-to-fork dishes and cherishes the dialogue over meals shared with her husband, three daughters, and friends. These personal passions reflect her holistic approach to wellness and her belief in the power of community.

Dr. Schacter is inspired by the dedication of her colleagues and the families they serve. She invites her peers to reach out when interested in collaborating or advocating. She is committed to building upon the legacy of NCCCAP, ensuring that every child and adolescent in North Carolina has the opportunity to thrive.

Together - we are stronger.



L to R: Aarti Kapur, MD, Chair of NCPA Private Practice committee, Randie Schacter, DO and Robin Casey, MD at a private practice workshop.



L to R: Past President Therese Garrett, MD, Randie Schacter, DO and Courtney McMickens, MD, a member at large for NCCCAP.

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