

across time, specialties and venues of care, “makes the patient the organizing principle. Students are more engaged because they believe ‘This is our community.’ And providers have a student for a year, so they have a care team as opposed to a new student every six to eight weeks.”

No more a pilot program, TLC² has seven students enrolled in the upcoming year that begins early this summer.

A HEALTH CARE TEACHING COUNTY

What began as a discussion about how to keep open Pickens County Medical Center in Carrollton, Ala., has evolved into a conversation about sustaining health care in the county.

CCHS hosted a meeting in December 2014 that included Pickens County leaders and citizens, and UA vice presidents and deans. The conversation centered on envisioning a new model of health care for the county via an academic-community partnership.

The Health Care Teaching County, which is in the conceptual stage, would seek to provide sustainable health care for the county and “real world” training for UA students in medicine, nursing, psychology, health education, social work and nutrition. Students would gain practical experience through internships and learning opportunities in Pickens County, and the county would gain additional health care resources.

“A health care teaching county is novel in that it provides help for a community and learning opportunities and experiences for students,” Streiffer says. “It will train future physicians and other health care providers where most will practice, and sustain health care in communities that most need it.”

Across the country, rural hospitals are struggling to survive. Alabama rural hospitals have closed since 2011 in Florala, Elba, Clanton, Hartselle, Thomasville and Roanoke, while others have cut services, notably obstetrical care.

Pickens County Medical Center symbolizes these struggles. The county-owned hospital, less than an hour’s drive from UA, has provided inpatient, outpatient

and emergency services for the county’s nearly 20,000 residents, at one time employing more than 300. Financial struggles led to layoffs and reduced services, and at one point closure seemed possible. All this in a county where 27 percent of the population lives below the poverty line and health outcome rankings show the county 50th among the state’s 67 counties.

“This partnership with UA could be the answer for this hospital and many other rural hospitals,” says Buddy Kirk, a retired attorney and a leader of the group Friends of the Hospital in Pickens County.

IT IS WELL DOCUMENTED THAT HEALTHCARE SYSTEMS BASED ON PRIMARY CARE HAVE BETTER QUALITY OF CARE AND BETTER POPULATION HEALTH.

CARING THROUGH TELEMEDICINE

Telehealth will become increasingly important as new technologies create new opportunities for innovative care models.

CCHS has provided care across Alabama via telemedicine for a number of years, including telepsychiatry and diabetes education. A school-based asthma

education program was launched in DeKalb County in September 2014 and is conducted via telemedicine by Dr. Karen Burgess, chair of the Department of Pediatrics, and Beth Smith, a pediatric nurse practitioner at University Medical Center, which the College operates.

Once a week for four weeks, a group of students at Ruhama Junior High School in Fort Payne, along with their parents and school staff and administrators, learn about asthma symptoms, medications and treatments. After a group completes four sessions, another group participates.

The school was chosen because of its high rate of documented asthma cases. An estimated 137,091 children in Alabama had asthma in 2007, a prevalence rate of 12.3 percent, which compares to the US rate of 9 percent, according to the US Centers for Disease Control and Prevention.

CCHS also created a Telehealth Division last year to manage ongoing telemedicine services and to expand those offerings. The division is organized to include telepsychiatry, consumer medicine and health, and medical education.